

Southern Medical Journal

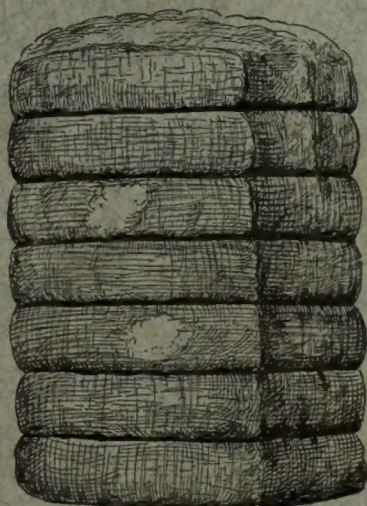
Journal of The Southern Medical Association

THE TRUTH AND THE TRUTH ONLY ON EVERY PAGE FROM COVER TO COVER

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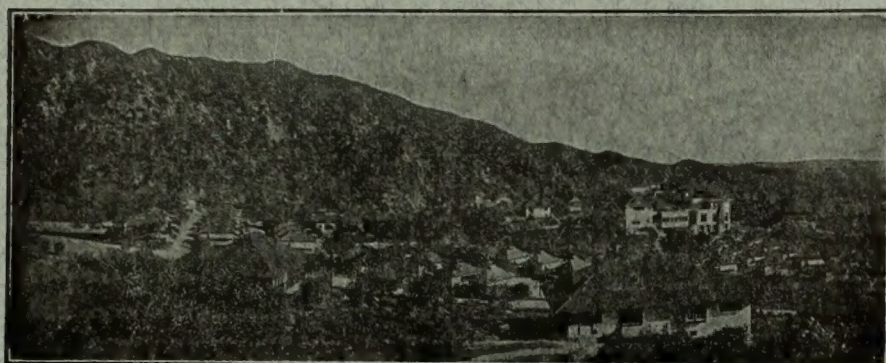
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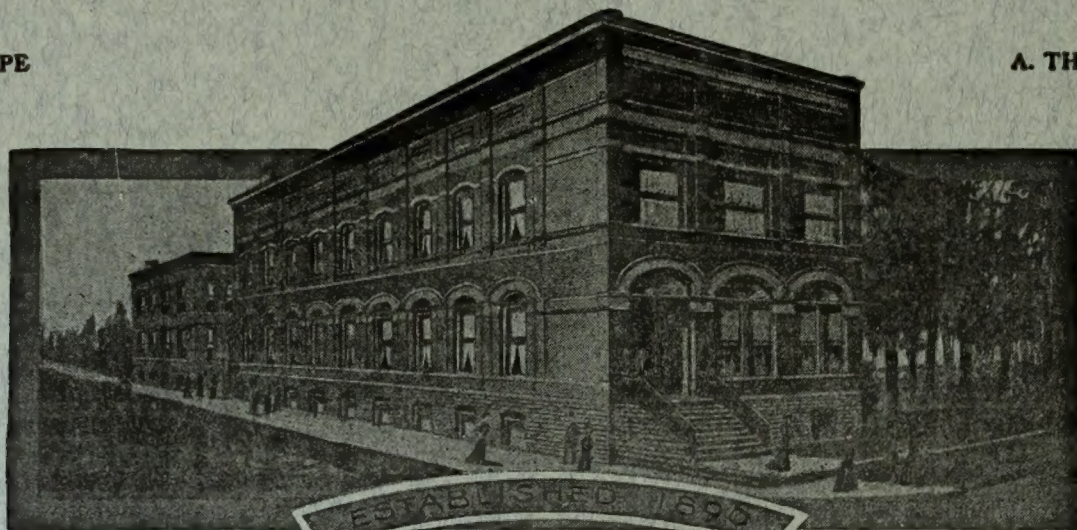
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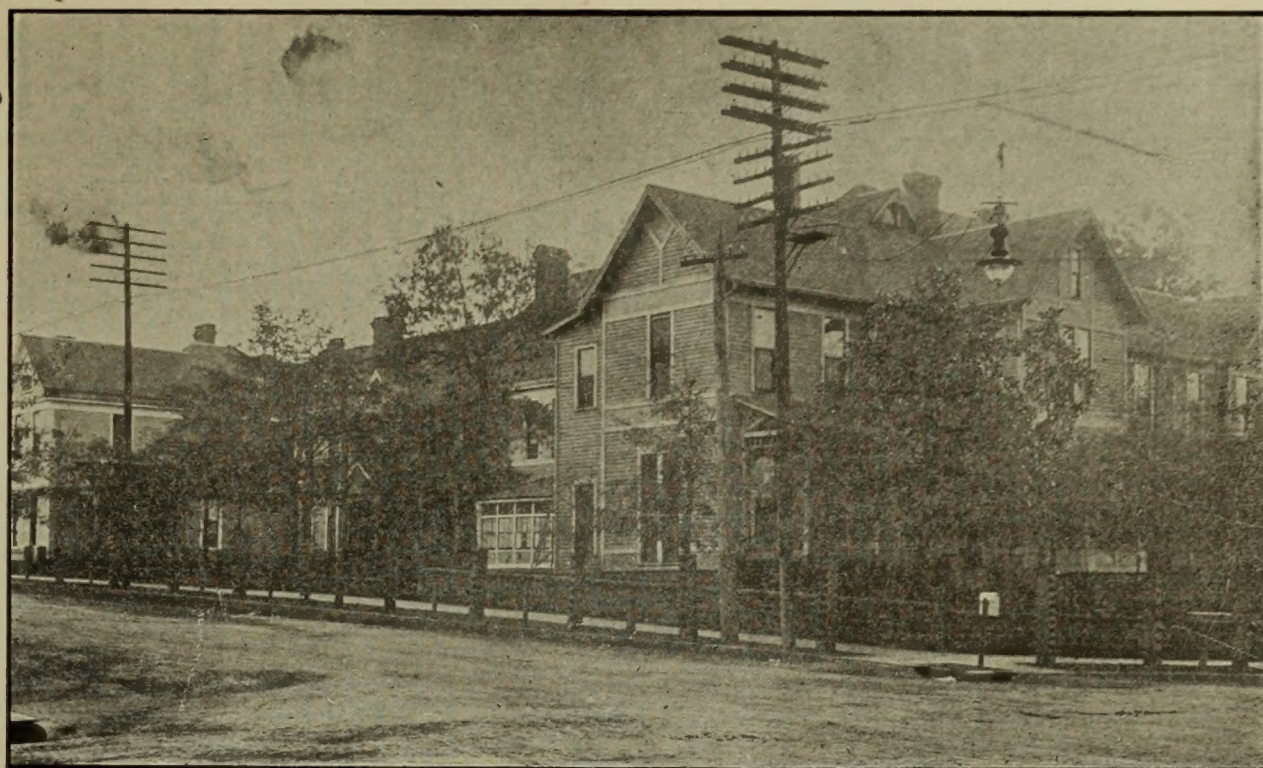
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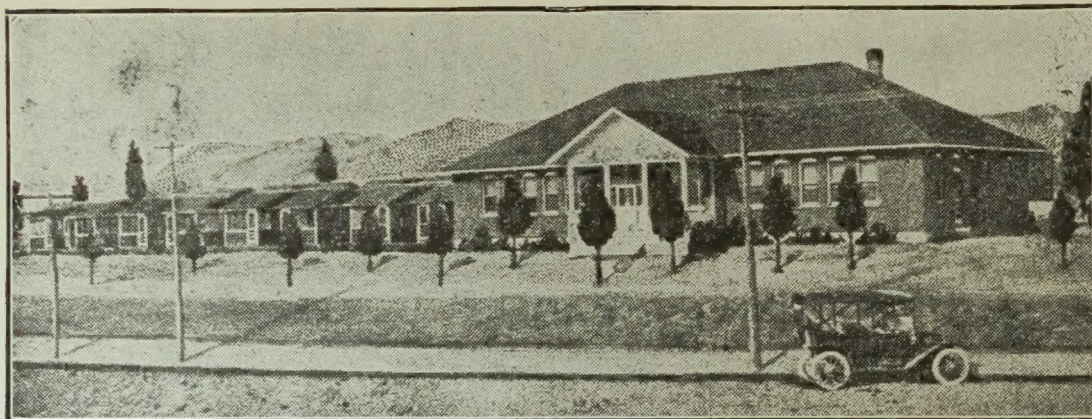
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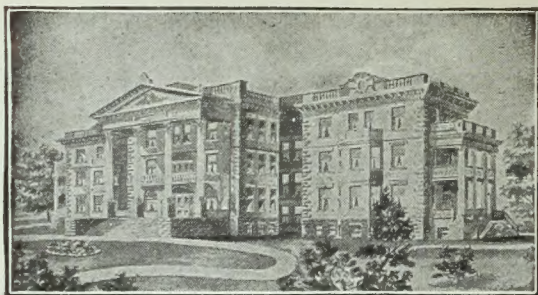
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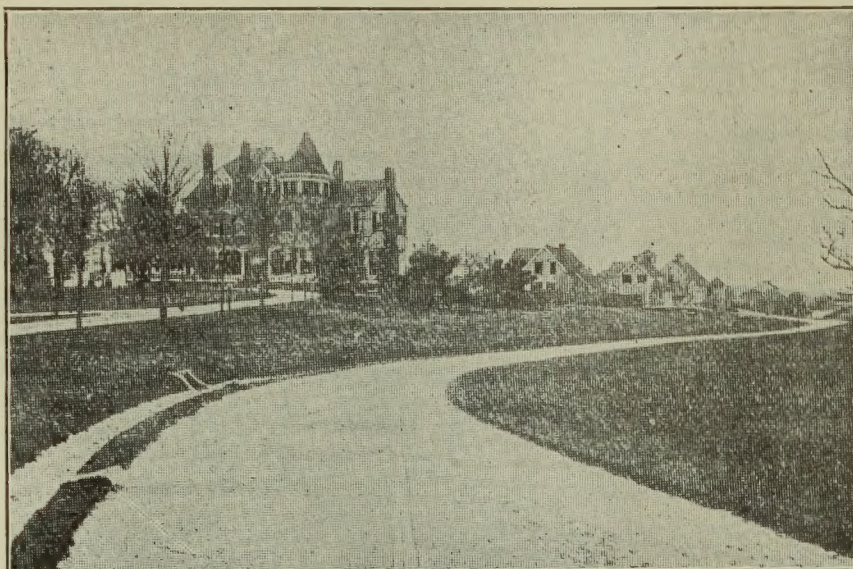
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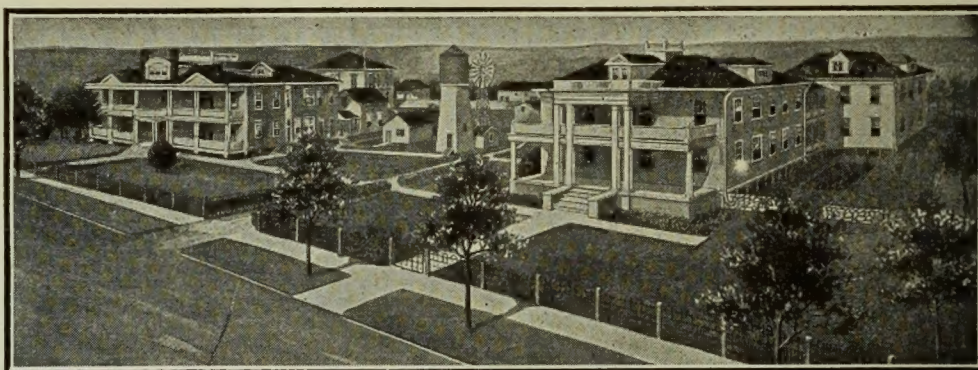
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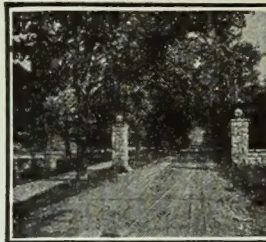
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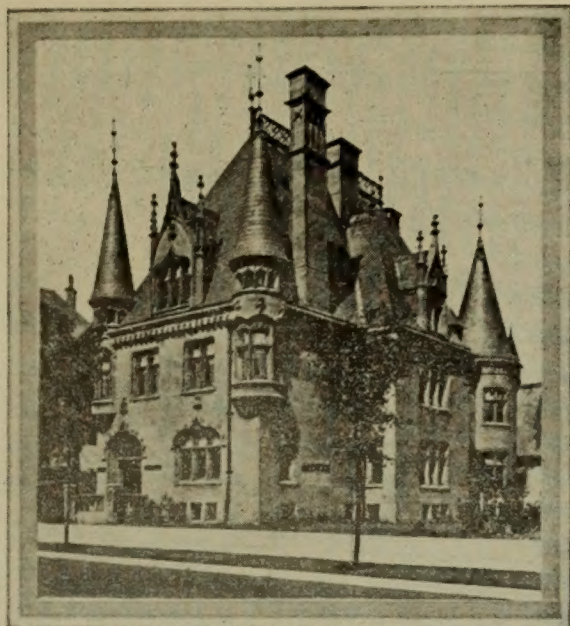
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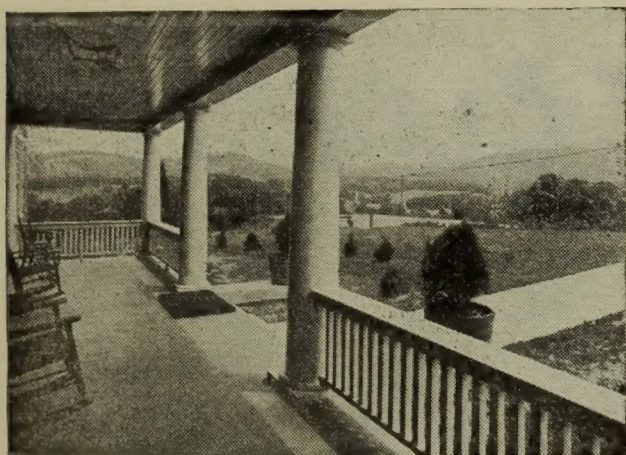
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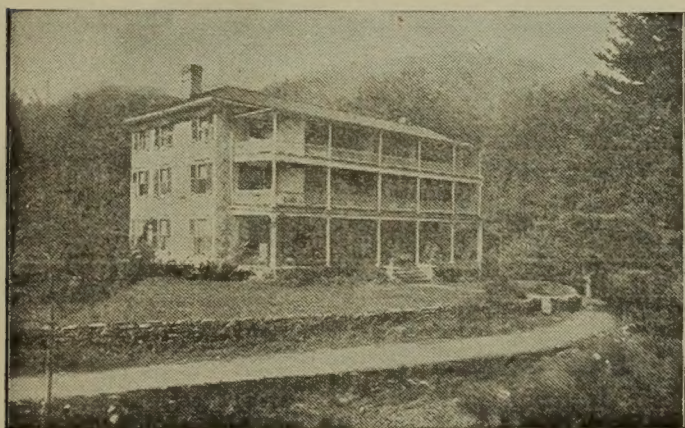
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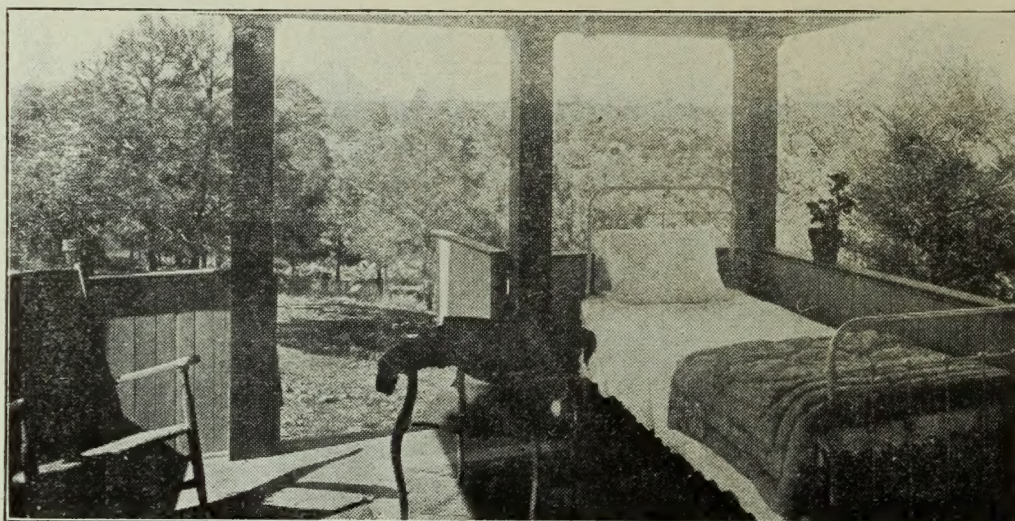
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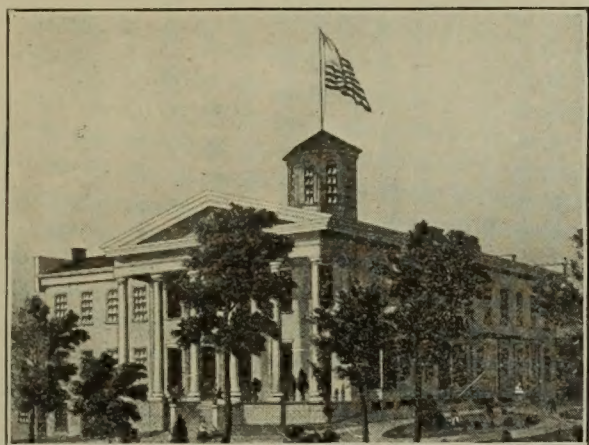
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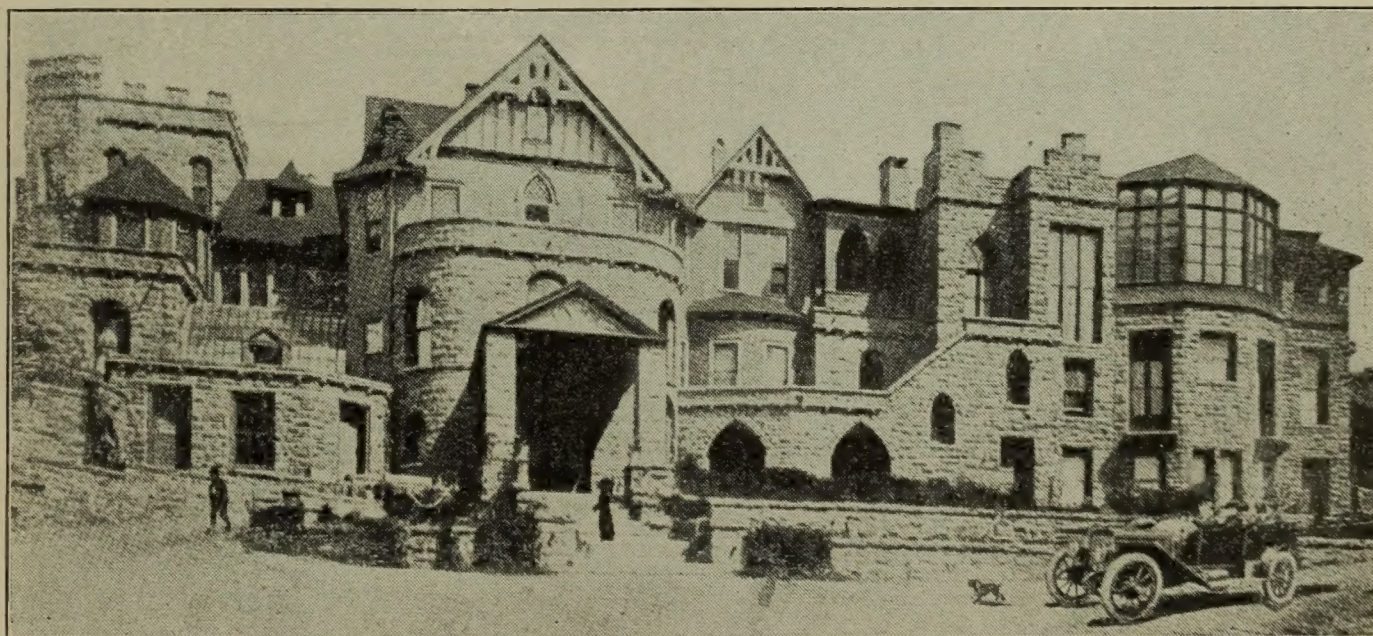
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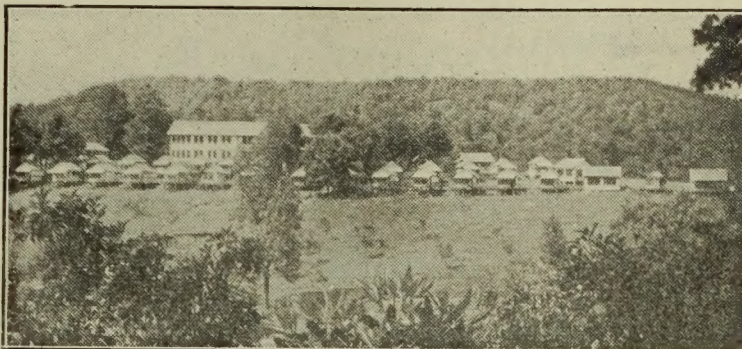
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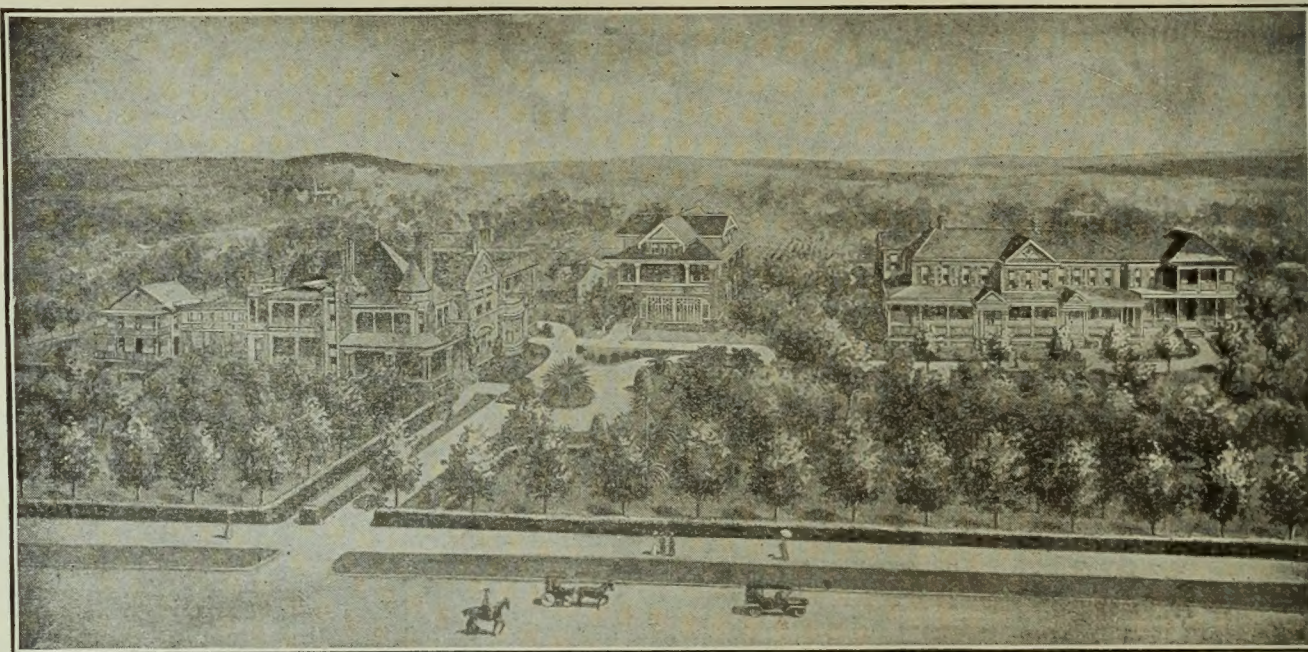
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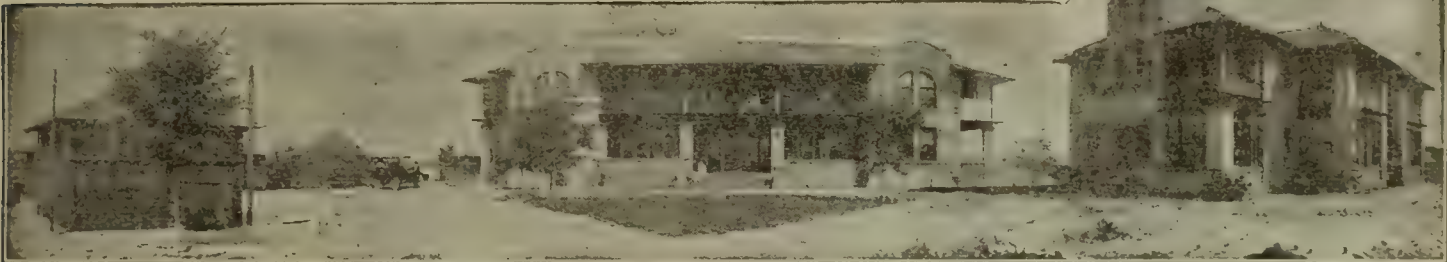


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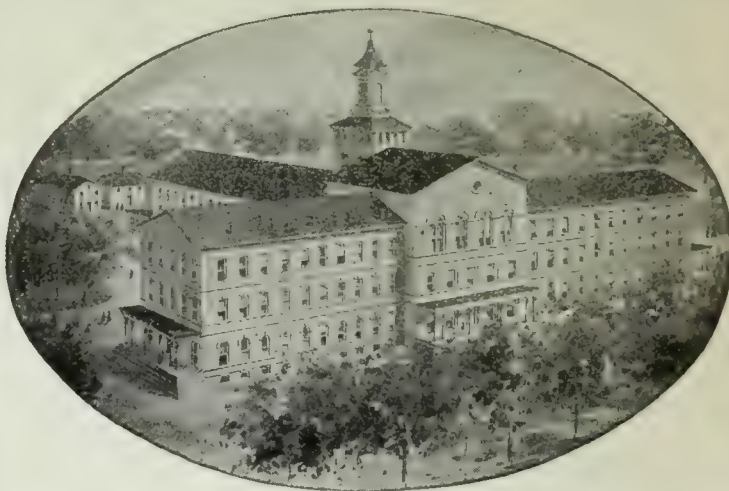
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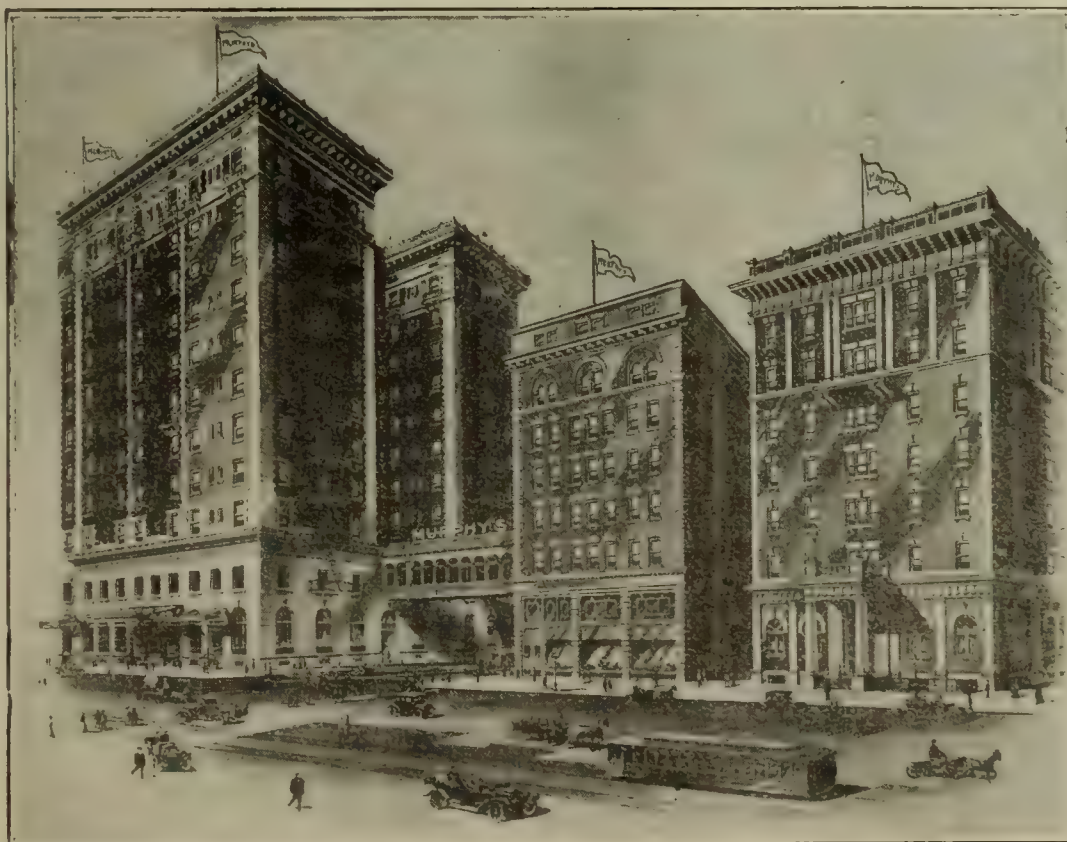
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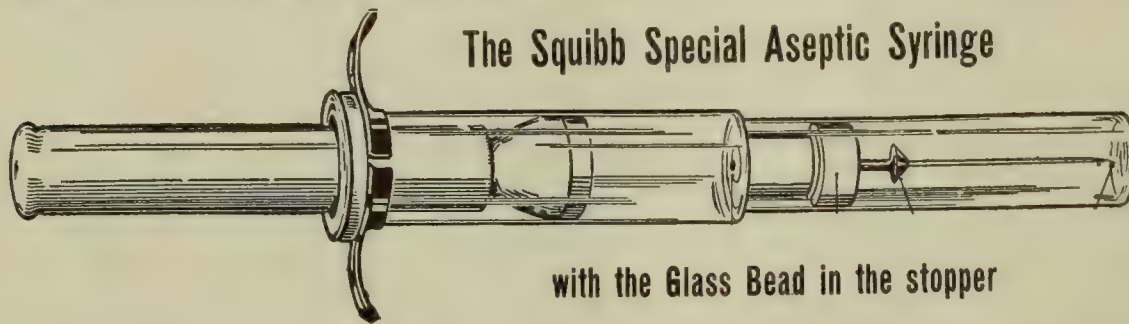
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ORIGINAL ARTICLES

"INDIGESTION" A FORERUNNER OF DISEASES OF THE CARDIO- VASCULAR AND RENAL SYSTEMS.

BY FRED M. HODGES, M.D.,
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During the last few years all physicians have been very much interested in diseases of the cardio-vascular and renal systems and their terminal results, especially apoplexy, myocardial degeneration, coronary sclerosis, and uraemia following chronic nephritis. In spite of better medical education and prophylactic medicine our mortality from diseases of the Cardio-Vascular and Renal system seems to be increasing.

In life insurance they are careful to exclude or put an extra rating upon alcoholics, syphilitics, valvular heart cases, cases showing blood pressure too high or too low, family history of two or more cases of apoplexy, etc., and individual cases of other impairments having a bearing upon cardio-vascular and renal diseases, and yet in comparison to former statistics they do not seem to be very materially lowering their mortality in this direction.

Many companies have for the last four years required a blood pressure reading in all cases age 40 years or over, and for the last two years

in all cases. In following the declined cases where the reading was more than 150 or less than 100 they have noted a very high mortality.

I have for the last three or four years been very much interested in a certain class of cases that may be overlooked at the time when a few years later many of our methods would show cardio-vascular renal changes. During this time in a personal examination of 2,000 cases I have noted about thirty which would seem to me to come under this list or class.

Those having no signs, symptoms or history of syphilis, alcoholism, or organic disease of stomach, appendix, or gall bladder, etc., as far as I could in this class of work were selected.

Those to which I wish to call your attention complain of slight indigestion, some discomfort after meals, and constipation before any cardio-vascular or renal changes are noted. These have been divided into two groups. (See below.)

Group I: Those giving a history of constipation, indigestion, etc., followed by cardio-vascular and renal change with elevated blood pressure.

Group II: Those giving a history of constipation and indigestion followed by a low blood pressure, marked indicanuria and neurasthenic symptoms with very few or no cardio-vascular or renal changes.

In order to show the development of cases in Group I, this group has been divided into three stages as follows:

First: Those where there was only a complaint of indigestion and constipation.

Second: Those where there was this complaint, and where complete urinalysis and the sphygmomanometer would exclude them from standard insurance.

Third: Those showing very little previous history except indigestion and constipation with well-marked cardio-vascular and renal changes, or all of these.

Case 1—Stage 1—Group 1.

Case I: Man, age 42, married; height 6 feet, weight 184 pounds. Insurance agent. Examined September, 1909. Family history negative; father died age 70, of paralysis. Past history, measles and mumps as child. Has been in good health all his life. Never had a physician but once, and that time because he was a "little bilious." Complained of some fullness after eating, gas formation, and constipation, but all right now. Physical examination negative. Blood pressure 135. Urinalysis negative. Specific gravity 1024, albumen negative—no indican. Insurance January, 1914. Now says he is in good health except for indigestion, and has to use laxatives regularly. Physical examination same as before, except blood pressure 174. Accentuated aortic second. X-Ray showed lungs clear, aorta negative, some hypertrophy of heart, especially left, and X-Ray of colon showed insufficiency of ileocecal valve. Wasserman negative. Urinalysis showed faint trace of albumen and occasional hyaline cast.

Case II—Stage I—Group 1.

Case II: Man, age 52, married; height 5 feet 10 inches; weight 180 pounds. President of large corporation. Examined 1910. Family history negative. Had severe attack of influenza in 1902. Has always enjoyed good health, says has had slight indigestion at times, but not of significance; some constipation. Physical examination negative. Blood pressure 140. Several later blood pressure readings all registered about 140. Case accepted. Examined, 1913. Now complains of indigestion, constipation, nervous, and at times troubled with insomnia. Physical examination same, except accentuated aortic second. Blood pressure 184. X-Ray showed heart as stated above and aorta normal. Stomach and colon not X-Rayed. Wasserman negative. Urinalysis showed faint trace of albumen and occasional hyaline cast. Indican absent. Diet, rest, etc., brought blood pressure

down to 160, but has remained since from 155 to 170.

Case I—Stage II—Group 1.

Case III: Physician, married, age 45, height 5 feet 7 inches; weight 180. Family history negative except father died at age 46 of tuberculosis. Has always enjoyed good health until nine years ago, when had malaria for six weeks. Has enjoyed health since that time. Was examined two years ago, and the examination showed nothing, except applicant said he suffered at times with slight indigestion and constipation which was of no significance. Examined December, 1913. Now complains of indigestion, a sensation of fullness after meals, gas, constipation and insomnia. Physical examination shows slightly plethoric man. Abdomen negative, except for some gaseous distention. Blood pressure 165. Over thighs there is a slight eruption which was diagnosed as eczema. X-Ray showed normal chest. Heart not sufficiently enlarged to demonstrate. X-Ray of stomach negative, coecum ptosed and dilated. Wasserman negative. Urinalysis showed faint trace of albumen, occasional hyaline and granular cast. Indican, small amount.

Case I—Stage III—Group 1.

Case V: Minister, age 47; height 5 feet 8 1-2 inches; weight 186 pounds. Was issued standard insurance by three companies in 1907, and though I saw only one of these examinations, I learned that he had only impairment against him—slight indigestion. Present examination shows family history negative. Past history negative except slight attack of typhoid in 1906, and states that he has suffered with constipation and some indigestion practically all his life. Tongue coated, breath foul, pyorrhea alveolar, lungs clear. Heart, accentuated aortic second and slightly enlarged to left. Blood pressure 180. Abdomen slightly pendulous, otherwise negative. Radials show some sclerosis. X-Ray not made. Wasserman not done. Urinalysis showed faint trace of albumen, and at times few hyaline casts, on other examinations no albumen or casts. No Indican.

Case II—Stage III—Group 1.

Case VI: Man, miller, age 41, height 5 feet 6 inches; weight 167 pounds; family history negative, except one sister died at age 49 of apoplexy. Has complained of constipation and indigestion for years. Received insurance in 1906. Examined November, 1913. Physical examination showed heart enlarged a finger's breadth to left of mid clavicular line, marked accentuation of aortic

second, radials sclerosed, blood pressure 195. Faintest possible trace of albumen and on occasional hyaline cast. No test for indican.

Case I—Group II.

Case VII. Minister, age 41, height 6 feet; weight 154 pounds. Previous history negative except for mild attack of what was called nervous prostration in 1904. Was given insurance in 1908. No impairment. For fifteen years has suffered with chronic constipation and thought was well in 1908. Has been unable to do much work for the last two or three years; has suffered with palpitation of the heart, and at times depression. Physical examination negative except blood pressure 105 and weak heart sounds. Urinalysis; specific gravity 1026, no albumen, no sugar, indican large amount.

Case II—Group II.

Case VIII: Broker, age 50, single; height 5 feet 9 inches; weight 182 pounds. Father died of locomotor ataxia. Now complains of occasional headache, constipation and indigestion. Physical examination shows pyorrhea, slightly sallow complexion, blood pressure 110. X-Ray of colon showed insufficiency of the ileocecal valve. Wasserman negative. Urinalysis, no albumen, no sugar, indican marked.

I have included the last two cases on account of the low blood pressure and not on account of any definite cardiovascular changes.

Case IX: Woman, single, teacher, age 31, height 5 feet 5 inches; weight 142 pounds. Examined July, 1912. Has always enjoyed good health with the exception of marked constipation now. Physical examination negative except markedly coated tongue. Blood pressure 110. Urinalysis, no albumen, no sugar, indican marked. One year later applicant was reported as having neurasthenia.

Case X: Dentist, age 50, married, height 5 feet 11 inches; weight 145 pounds. Family history negative. Has always enjoyed good health; had influenza at age 22. No other illness. Has for about ten years suffered with chronic constipation, but has considered it of none or very little importance. Physical examination, pyorrhea. Blood pressure 110. Urinalysis; no albumen, no sugar, and marked indican.

Case XI: Manager of bottling plant, age 47, height 6 feet 1 1-2 inches; weight 224 pounds. Family history, brother age 52 died of paralysis, one sister age 19 of tuberculosis. Has always enjoyed good health. Has suffered with marked constipation for years. Physical examination negative, except blood pressure 168. Radials show

slight sclerosis. X-Ray of Chest Negative. Urinalysis; faintest possible trace of albumen; no casts.

Case XII: Man, age 49, married, President of large corporation. Height 5 feet 7 inches; weight 186 pounds. Father died of apoplexy. In 1908 applicant passed first-class examination, no impairment noted. Examined 1914. Now complains of indigestion, marked constipation. Says that he has had this for years, but not as marked at time of previous examination. Physical examination, pyorrhea, blood pressure 190. Radials sclerosis roughened, first sound of aortic cartilage, heart enlarged one finger's breadth to left of mid clavicular line. X-Ray of chest showed prominent arch, no dilatation could be detected. Wasserman negative. Urinalysis: specific gravity 1012, no albumen on one examination, faintest possible trace on another examination and an occasional hyaline cast. Indican small amount.

Case XIII: Man, age 48, height 5 feet 7 inches; weight 214 pounds; dairyman. Family history, mother died of tuberculosis, otherwise negative, had measles when 27 years old and was very ill at times. Has suffered for years with marked constipation and a large part of time with indigestion with feeling of fullness in abdomen. Physical examination shows heart enlarged slightly to left. Blood pressure 172. X-Ray of chest negative except for slightly enlarged heart. Wasserman negative. Urinalysis, first examination negative, second examination no sugar, faintest possible trace of albumen, occasional hyaline cast.

Case XIV: Man, age 35, farmer, height 5 feet 8 inches; weight 142 pounds. Family history negative. Never had any illness in life, and has enjoyed perfect health except for constipation. Examined January, 1914. Now states that he suffers with an occasional headache, constipation and slight indigestion, which the examiner explains as of no significance. Physical examination negative except blood pressure 104. Urinalysis: no albumen, no sugar, specific gravity 1022. Marked indican. This applicant under treatment would show no indicanuria, but in a few days after laxatives were discontinued would show marked indicanuria.

Case XV: Man, age 51, cotton buyer; height 5 feet 10 inches; weight 162 pounds. Family history, mother died in 1881, age 67, of tuberculosis. Had mild attack of typhoid in 1893; no other illness. Has suffered for years with chronic constipation, slight indigestion, and palpitation of heart, but examiner states that of no significance, and applicant an excellent risk. Physical examination shows blood pressure of 110, no test for indican.

Case XVI: Lawyer, age 49, height 5 feet 8 inches; weight 153 pounds. Family History: Father died age 60 of apoplexy. Has never had any illness except an attack of appendicitis in 1905. Recovered in two weeks; no operation. Has suffered with chronic constipation and occasionally indigestion for ten years. Accepted for standard insurance in 1909. Examined 1913. Now in good health, but complains of constipation and indigestion which examiner states is of no significance. Physical examination shows accentuated aortic sound and blood pressure 166. Urinalysis: specific gravity 1018; no sugar, no albumen. (Only one urinalysis made.) Indican negative.

Case XVII: Man, age 46, farmer; height 5 feet 10 inches; weight 198 pounds. Family history, one brother, age 49, died in 1907 of tuberculosis. Applicant has always enjoyed good health. Accepted for standard insurance in 1908. Now states that he is all right in every way, but has chronic constipation and some trouble with flatulence and has had this for years, but never considered it of importance. Physical examination, accentuated aortic sound. Blood pressure 172, radials slightly sclerosed. X-Ray of chest negative. Wasserman negative. Urinalysis: Specific gravity 1016; faintest possible trace of albumen, no casts, indican negative. Only one urinalysis made.

Case XVIII: Merchant, man, age 36, height 5 feet 10 1-2 inches; weight 218 pounds. Had an attack of muscular rheumatism in 1910. Has had constipation and slight indigestion for years. Physical examination shows blood pressure 100. Urinalysis, specific gravity 1026, no albumen, no sugar, indican marked. At the present time applicant is in very bad health, and blood pressure still ranges from 95, 60, 105.

Case XIX: Man, tailor, age 36, height 5 feet 8 inches, weight 136 pounds. Family history, father died at age 56 of apoplexy. Applicant has suffered practically all his life with marked constipation, and for the last few years with slight indigestion, which examiner explains as of no significance. Accepted for standard insurance in 1910. Examined 1913. Physical examination: pyorrhea, blood pressure 165. Wasserman negative. One urinalysis only showed specific gravity 1018, no albumen, no sugar, indican negative.

Case XX: Man, age 43, height 5 feet 8 1-2 inches; weight 145 pounds. Proprietor of shoe store. Examined 1913. Family history negative. Was accepted for term insurance in 1900. Has for more than ten years suffered with constipation and slight indigestion, until he had an appendectomy in 1911. Since that time has been in ex-

cellent health. Physical examination shows blood pressure 168. Urinalysis shows faintest trace of albumen, no casts no sugar. Indican negative.

Case XXI: Farmer, age 38, height 6 feet 1 inch; weight 195 pounds. Applicant applied two years ago for insurance and was accepted at that time; complained of indigestion, nothing else. Family history and various examinations negative. At present complains of indigestion and constipation, but examiner explains this as being of no importance. Physical examination shows blood pressure 100, complexion sallow, Urinalysis negative, except for marked indicanuria. Since the examination this applicant has been in a hospital under treatment for neurasthenia.

Case XXII: Man, age 53, manager mercantile store; height 5 feet 3 inches; weight 132 pounds. Family history negative, except father died at age 66 of carcinoma; applicant received standard insurance in 1909, and at that time history of slight indigestion and vertigo. The other examinations were all negative. Examined July, 1913. Now complains of indigestion and constipation. Physical examination shows pyorrhea and blood pressure 184. Radials sclerosed, aortic second accentuated. X-Ray of chest negative except heart probably slightly enlarged. Wasserman negative. Urinalysis: faintest trace of albumen, and an occasional hyaline cast. Indican test not made.

Case XXIII: Man, age 53, millwright; height 5 feet 8 inches; weight 180 pounds. Family history, mother died age 56 of tuberculosis. Had an attack of malaria in 1905. Accepted for insurance in 1908, at which time he complained of slight indigestion and constipation. Other examinations negative, October, 1913. Pyorrhea. Pulse 98, accentuated aortic second. Blood pressure 185. Radials slightly sclerosed. Wasserman negative. Urinalysis, specific gravity 1014. Faint trace of albumen and a few casts. Indican negative.

Case XXIV: Girl, age 26, teacher; height 5 feet 7 inches; weight 120 pounds. Family history negative. Was issued insurance in 1905, at which time she was reported as a good risk, but complained of indigestion and constipation. Examined September, 1912. Physical examination shows blood pressure 140. Urinalysis: Cloud of albumen, with hyaline and granular casts. Indican test not made.

Case XXV: Woman, age 34, teacher; height 5 feet 7 inches, weight 124 pounds. Family history, brother age 43 has tuberculosis at present, but applicant has not been associated with in any way. Applicant had sore throat in 1905. Physician at that time said there were no indications of tuber-

culosis. Accepted for insurance in 1911. Examined, 1913. Now physical examination shows sallow complexion. Blood pressure 98. Urinalysis specific gravity 1028, no albumen, no sugar; marked indicanuria.

Case XXVI: Merchant, age 58; height 5 feet 6 inches; weight 170 pounds. Family history, one brother died at age 49 of apoplexy. Has always enjoyed good health except for bilious attacks and constipation. Accepted in 1908 by two companies for standard insurance. Examined December, 1913. Now states upon questioning along this line that he has slight indigestion and constipation for ten years, but no other trouble, except an occasional headache. Physical examination shows pyorrhea, some sclerosis of radials, accentuated aortic second. Heart enlarged one finger's breadth outside of mid clavicular. X-Ray shows heart enlarged to right and left. Blood pressure 190. Urinalysis shows specific gravity 1012, faintest possible trace of albumen, occasional hyaline cast, very small amount of Indican.

Case XXVII: Insurance agent, age 27; height 5 feet 8 inches; weight 182 pounds. One sister, age 39, paralyzed. Had an attack of appendicitis in 1908, was ill about a week, has been in good health since. Accepted for insurance in 1906. No impairment except slight indigestion. Examined November, 1913. Physical examination, blood pressure 148, pyorrhea. Urinalysis, specific gravity 1022. Cloud of albumen, hyaline and granular casts, and small amount of indican.

Case XXVIII. Liveryman, age 50; height 5 feet 7 inches; weight 173 pounds. Family history, father died of apoplexy at age 74; mother died of apoplexy at 60. Applicant accepted for standard insurance in 1907; no impairment. Examination November, 1913, shows pyorrhea, slightly roughened aortic systolic. Blood pressure 170. X-Ray of chest negative. Wasserman negative. Urinalysis, specific gravity 1026, no albumen, no sugar. No microscopical examination or test for indican made.

Case XXIX: Man, age 43, merchant. Examined March, 1913. Family history negative except mother died at age 52 of paralysis. Previous history, had measles as child. Stated that he had been bothered some with constipation and indigestion for years, but considered himself a good risk, and put no importance on the indigestion. Physical examination shows nothing except trace of albumen; no casts. In this case indigestion is the only impairment January of this year, blood pressure 164 on two examinations.

Case XXX: Insurance agent, height 5 feet 6

inches; weight 176 pounds. Family history negative; no previous illness except malaria in 1900. Was accepted for standard insurance in 1910. Now says that he has from six to eight years suffered with constipation and slight indigestion, which he described as some discomfort and fullness after meals, but has never considered it of importance, and that his family physician recently told him his physical condition was excellent and to take a pill when the gaseous distension bothered him. Physical examination shows accentuated aortic second, small areas of eczema on chest and abdomen.

Liver slightly enlarged. Blood pressure 178. Urinalysis, faint trace of albumen, an occasional hyaline cast, small amount of indican. No Wasserman. X-Ray of chest negative.

In some of the patients where they have been examined several times in the last four or five years, it has been interesting to follow them from the stage of indigestion fullness after meals and constipation, to marked disease of the cardio-vascular and renal system, or to marked disease of one or more of these.

The Wasserman was employed in eleven cases for exclusion of lues and was negative. The Phenol suphonephthalein kidney functional test was employed in nine patients of the first series or stage, and the renal function did not seem to be appreciably diminished.

In nine cases fluoroscopic examinations of the chest were made, and none showed dilatation of the aorta, as is so frequently seen in syphilitics at this age.

Fluoroscopic examination and skiagraphs of six showed insufficiency of the ileocecal valve, or ability to force the bismuth into the small intestine in four.

Indican and concentrated urine were found in a good many, but accurate accounts of this were not kept in some.

Occupation in itself did not seem to bear much weight, but those about the 20 per cent maximum weight or over and working under nervous strain and heavy responsibilities make up the majority.

In going over a large number where cardio-vascular and renal changes have been reported, it was very interesting to note the large per-

centage that had a family history of apoplexy, "heart trouble," chronic nephritis, etc. Several gave a history of typhoid, and several of influenza. A history of typhoid was given in a fairly large percentage of the cases reviewed. In these nothing could be said in regard to tobacco, except that practically all of them were smokers.

The syphygmomanometer in about 50 per cent was the first method of examination to detect an abnormality, but in those where several careful analyses were made, albumen in small amounts, and a few casts were nearly always found. About 30 per cent, especially those under forty years of age, showed no elevation of blood pressure, and some subnormal blood pressure after a year or two. These latter practically all had indicanuria and some acetonuria.

The cases of high blood pressure as a rule had small amounts of indican, or none at all.

About 30 per cent showed bad teeth, and several of them pyorrhea. Some of these were in good social standing, and seemingly clean, clear cut men.

It would be very easy to dispose of all patients in this series resulting from intestinal toxemia, if we could accept the broad, sweeping, dogmatic statement of Lane, Pringle of Dublin, Gray, that thyroid diseases, etc., undoubtedly very often follow intestinal toxemia, or autointoxication.

Lane's conclusions have not been accepted by many careful and conscientious observers, and they believe the colon largely an excretory organ, and that only small amounts of indol, skatol, phenol, and creosol are absorbed from the large bowel, and that when we have large amounts of indican in the urine there is usually some retention of bowel contents in the small intestines.

Davis, Bernheim, Whipple and Stone believe through the results of carefully conducted experiments on a large number of animals, (especially dogs) that the intestinal mucosa contains a poison which causes symptoms of ileus, and that it is this poison which causes death

in cases of intestinal obstruction. As to whether or not this toxemia or material secreted by the mucosa of the intestines would eventually cause cardio-vascular changes or the changes found in the patients with low blood pressure, and makes indicanuria, no experiments have been made.

Adami claims that constipation leads to forms of toxemia only by damming the material back upon the small intestine where these products can be absorbed.

In the cases that showed insufficient ileocecal valves there was marked indicanuria in all of them and neurasthenic symptoms in two of the four—with low blood pressure. One case had a blood pressure of 160, and had suffered with chronic appendicitis for several years until operated upon in 1908.

The amount and frequency of indican seemed of very much more importance in the neurasthenic group than in the high blood pressure cases. Kellog and Case have reported sixty cases of insufficiency of the ileocecal valve and report constipation as present in 87 per cent, indigestion in 62 per cent casts and albumen in 11 per cent, arteriosclerosis 25 per cent, nervous disorders 45 per cent, flatulence in 35 per cent, enlarged liver in 20 per cent.

McKenzie states that myocardial degeneration, arteriosclerosis and nephritis may be the result of intestinal stasis, but doesn't go further into the discussion.

Adami and McCrae believe that probably most of the troubles arising from intestinal stasis are not due to absorption of toxic materials from the colon or small intestine, but more probably due to a subinfection, or low grade of infection from the bowel, teeth or elsewhere in the body. Further evidence has been shown by Dr. Rosenow that he has caused symptoms of muscular rheumatism in rabbits by infecting them with various organism especially the streptococcus.

Adami describes three possible ways of toxemia arising from various putrefactive and digestive processes in the bowels:

1. The products of disintegration of food-stuffs by the digestive juices.

2. The products of disintegration of food-stuffs by bacterial activity.

3. The ectotoxins discharged by the intestinal bacteria.

He shows that the ultimate products of these processes do not cause symptoms of fecal retention. Of course, these statements could not be emphatic, or dogmatic, on account of the indefinite knowledge of the physiology of the small intestine.

In referring to the work of Vaughn on protein split products he believes that the bacterial split protein causes, first, symptoms similar to those set up by peptone and proteases not those of fecal retention; second, the vast number of dead bacteria seen in the feces is contrary to any theory of bacteriolysis. The bacteria have been killed, but have not suffered dissociation and dissolution.

As to bacterial ectotoxins, Adami believes that the bacillus coli causes none and that the bacillus botulinus and bacillus pyocyaneus do cause toxins, but that they have a special selective action for the nervous system.

He is rather emphatic that many so-called cases of autointoxication and chronic arthritis following intestinal stasis are due to subinfection and that blood cultures in many cases are positive to the colon bacillus or to the streptococcus. This is in line with one of his long held theories of subinfection as one of the probable causes of arteriosclerosis.

In three of the later or second stage cases in my series there was marked gaseous formation in the bowel and slightly enlarged and tender liver. No blood cultures were made, so no conclusion could be drawn, but these seem to point more to subinfection than to absorption of toxins. Indican was absent in two of them.

They might come under the head of the chronic, portal and bile tract infections of intestinal origin as studied by Opie, Dieulafoy, and others.

Sears, in a study of a large number of pa-

tients in conjunction with Coffey states that they have noticed vasomotor disturbances of such severity as to stimulate Raynaud's disease in patient showing very large amounts of indican and general toxic symptoms, but that they have not drawn any definite conclusions yet, though the large majority of these cases showed low blood pressure and neurasthenic symptoms. Arteriosclerotic and myocardial changes were rarely noticed in this particular group of them.

We are familiar with Dieulafoy's work upon nephritis and cardio-vascular changes following appendicitis. Three in my series showed a history of chronic appendicitis several years prior to examination, but I was unable to trace this as an etiological factor in the cardio-vascular changes occurring, though this could not of course, be excluded.

Stoerk is sure that sclerosis of the splanchnic vessels and peripheral vessels with myocardial changes occurs frequently with no relation of syphilis, alcoholism and tobacco.

Dr. Rogers, of the New York Life Insurance Company, states that he very frequently sees cardio-vascular changes in long standing cases of constipation and indigestion. He explains the frequency with which he has noticed this condition as being in large part due to the fact that he has been very much interested in substandard life insurance. Janeway, in a study of 7872 cardio-vascular and renal patients reports 458 with permanent elevation of B. P. above 165. He does not consider the gastrointestinal symptoms of much importance, but he saw these patients, after definite cardio-vascular and renal changes were present.

In many particulars, as in the study of life insurance cases, they cannot go into as many details and make as complete examinations as the clinician, (as for instance blood cultures, etc.), but they have a large quantity of material, and these cases are applying for insurance as healthy men and they see them in earlier stages of the disease than the clinician does.

We, as clinicians, rarely see these particular

kind of cases until there are marked cardiovascular and renal changes, or until the patient suffers with symptoms of constipation, high blood pressure, dyspnea, apoplexy, advanced nephritis, etc.

Insurance companies are very careful to postpone a case of appendicitis or cholecystitis until there is very little danger of another acute attack, and we must consider the condition of this applicant, or patient, 20, 30, or 40 years from the time of examination and what effect these infections may have on other important organs and systems.

From a study of these patients it would seem to me that we have several very different etiological factors, as to whether this is finally determined to be subinfection, the result of acute infectious diseases, absorption of toxic products from the small intestine, heredity, the poisons of the intestinal mucosa, or a combination of those, is of a great deal of interest to us as when the etiology isn't definitely known the earliest symptoms or signs of disease are very important, as we may begin treatment earlier.

As to whether sclerosis of the splanchnic vessels precedes or follows the history of indigestion and constipation makes very little difference in the final outcome of the patient.

In the study of any condition where almost every known malady is laid at its door it is naturally very hard to draw any conclusions, but in trying to determine the importance of the so-called autotoxemias, constipation and indigestion, as forerunners of cardio-vascular and renal disease, the present study of cases herein enumerated would seem to indicate:

1. That indigestion and constipation may in a small percentage of cases be the only impairment and forerunner of disease of the cardio-vascular and renal systems, and this is of special significance where there is a family history of cardio-vascular disease.

2. That careful urinalysis and the sphygmomanometer are usually the first methods of examination to exclude the cases later showing cardio-vascular and renal changes.

3. That routine examination for indican should be made in all cases of chronic constipation and indigestion, and especially those showing low blood pressure readings.

4. That patients about forty years old and above, with heavy responsibilities and about the 20 per cent maximum weight and over, make up the majority of the first group.

5. That whatever may be determined to be the actual cause of indicanuria, from these cases, it does not seem to be a prominent factor as a forerunner of cardio-vascular and renal disease, but is found in a certain percentage of cases in association with low blood pressure.

This subject presents a very interesting and important field for further study, and we should direct our attention to scientific research in this direction.

HOOKWORM DISEASE AND PREGNANCY—THE DANGERS.*

BY J. S. TURBERVILLE, M.D.,
Century, Fla.

Uncinariasis is a rather hackneyed subject, but there are some features of the disease that perhaps are not over used in the literature. According to the accessible literature its relation to pregnancy has been but lightly touched upon.

Dr. C. W. Stiles, in a paper before the Alabama Medical Association in 1903, states that there is a tendency to abortion, but adds that a further study might change this view. Later, before The Southern Medical Association, he presents a study of fifty-eight women, six of whom are still pregnant, but with a total of 234 terminated pregnancies in living women 24.8 per cent of the offspring is not alive at the present time (meaning the time of his writing). Dock and Bass, in their book on Hookworm Disease, state that "Abortion is likely to occur, and it, as well as birth at term, may be fatal in anaemic patients; lactation is im-

* Read before Alumni Society of the Medical School of University of Alabama, 1914 meeting.

perfect in hookworm patients, but promptly improves under thymol treatment; the offspring of hookworm patients are likely to be poorly developed and marantic." Also they state in another place that "When hookworm patients get pregnant, the tendency to dropsy is very much increased by the disease, and in severe cases the swelling is often great. Swelling of the labia is especially troublesome as the pregnancy approaches term."

DeLee, in his *Principles and Practices of Obstetrics*, states that "In the author's private obstetric practice 24 per cent of the women give a history of abortion, which is probably below the actual." According to Williams, "A conservative estimate would indicate that about every fifth or sixth pregnancy in private practice ends in abortion, and the percentage would be increased considerably were the very early cases taken into account, in which there is profuse loss of blood following retardation of the menstrual period for a few weeks."

Holt, taken from Ross, says that in six continental cities that the mortality is nearly 10 per cent during the first month of infant life. From his own observation in the city of New York, from the years 1890-1892, the mortality under one year of infancy was 26 per cent, and from 1898-1900 was 24 per cent.

Dr. Stiles, in his study of the fifty-eight pregnant women did not use any comparative figures, so we are left to our own conclusions. If we compare his findings with the figures of DeLee, Williams and Holt, the outlook for continuation of pregnancy, as well as the health of the child afterwards, is fairly good. The comparison is hard to make, it is true, for the reason that the viewpoints are different, but the above inference is fair.

My observation has taught me not to fear abortion in hookworm patients. The authors above mentioned must have had in mind the very worst cases, and these are not common. However, there is a danger to which these patients are exposed as a consequence of their pregnancy. I refer to eclampsia, whether we regard it as a toxæmia or an infection.

My neighbors and myself are in full accord with the statement of Dock and Bass in regard to the frequency of oedema in pregnant hookworm patients. DeLee says, "More than half of all pregnant women show some oedema of the feet, the hands, or the face." He makes the classifications of oedema into "mechanic, hydraemic, and a true anasarca due to toxæmia or nephritis, and always significant as a precursor of eclampsia." "Possibly the two latter forms are allied." I do not know concretely the frequency of oedema of pregnant women of my community, but do know that it is not rare, and I know that hookworm disease is frequent. Relatively, the oedemas of pregnant hookworm patients are more common. In a number of instances I have seen all of the evidence of a grave toxæmia of pregnancy that was relieved quickly and permanently by eradication of hookworms. However, in one patient seen in consultation, the eclampsia occurred before we had time to complete the treatment. A pertinent question would be, How do you know that these apparently grave toxæmias seen in pregnant hookworm patients would result in eclampsia? This I do not know, but I do know that the proportion of cases of eclampsia is greater within the area of my knowledge than that laid down as a general average. I am fully cognizant, also, of the fact that there is a variation of frequency both as regards locality and time.

It is reasonable, therefore, to explain the frequency of eclampsia with the frequency of hookworm disease, especially since the clinical picture of a condition identical with that of the general precursor of eclampsia is due to the presence of hookworms, and is curable by their elimination. The further fact that hookworms are often found in eclamptic women is ample justification for a suspicion of them as bearing an indirect role in the causation of the apparent frequency of puerperal convulsions in this section of the country. I do not wish to be misunderstood as saying that uncinariasis is the cause of eclampsia, but wish merely to say that it is my opinion that hook-

worm disease prepares the pregnant woman for the operation of the true causative factor, and that this explains what appears to be undue frequency in the community of which I speak.

DeLee gives a proportion of one eclampsia to every six hundred pregnancies, with an acknowledgment of variation in different statistics and in different localities. Williams puts the proportion as one to five hundred, with the statement that the proportion is one to one hundred and thirty-three in lying-in hospitals, the reason for which is obvious. My two neighbors, Drs. W. L. Abernathy and G. W. Salley, give the proportion in their practice, the former, for a ten-year period, of six to two hundred, and the latter for a twelve-year period as fifteen to three hundred and fifty. My own practice shows seven to three hundred for a twelve-year period.* You can readily see that the proportion is very much in excess of that stated by the authors above referred to. The proportion is even greater than that of lying-in hospitals where the worst of all kinds of obstetrical cases are handled. Whether the figures taken from our observation is a fair estimate for any rural or small town practice I do not know. However, from these figures we are justified in saying that there is an increased frequency of eclampsia for the community considered. From these facts, from the fact that hookworm disease is prevalent, and that it frequently gives all of the signs and symptoms of the pre-eclamptic toxæmia of pregnancy, it is fair to assume that uncinariasis bears its share in the causation of the increased frequency of puerperal convulsions in this part of the country.

The poor development and postnatal marantic condition has not been noticed except in extreme cases of uncinariasis. The offspring, as well as the hookworms, both seem to exercise a parasitic function towards the mother. I have seen mothers who were very anaemic from uncinaria bear splendid looking offspring.

* Since this writing I have lost one eclamptic with hookworms.

Nothing here should be construed as a criticism of the observations of others. Their statistics have been used in corroboration of contrast, according to their agreement or the contrary, to a personal observation.

If this stimulates anyone to a better care of pregnant hookworm patients I shall not regret taking your time.

THE CONDITION OF THE NEGRO IN THE SOUTH.

By F. G. DuBOSE, M.D., F.A.C.S.,
Selma, Ala.

The two recent contributions in the *Outlook* on the condition of the negro in the South, offering suggestions for his improvement, overlooks one of the fundamental factors hindering his development and advancement. These contributions are pertinent along the lines of the work of each contributor, one from the pen of a social worker, an earnest woman born in the South, and one from the pen of the well-known colored educator, Booker T. Washington, are characteristic in their conclusions in presenting the solution by means identified with the special work of each. One asks for a different attitude in personal relations with the negro. The other pleads for his further education in a literary and manual way. My point of view is from an entirely different angle and one that has not been discussed hitherto as a potent factor in the racial welfare of the negro. My conclusions are personal and, like the two contributions mentioned, are deduced from observation and study in my special line of work, and from an intimate knowledge of the negro's infirmities of body and attitudes of mind to the conditions of life that confront him.

Inefficiency is the label put on the average negro. Washington in his lectures dwells on this well-known fault, and offers education as the one means of overcoming this deficiency.

The social worker asks a more exacting demand from the employee for finished work.

Not every negro is inefficient; not every uneducated negro is inefficient; not every negro on whom exacting demands are not made is inefficient; but it is acknowledged that the average is lacking.

A glance at the physical condition of the shiftless and careless ones; a closer study of the physical condition of the average negro, the state of his personal health, and the comparison of his vital statistics with those of the whites living in the same climate and under almost the same conditions; the deduction of these facts will convince one of the cause of the negro's inefficiency. The colored race in the South is a sick race. Tuberculosis and syphilis is the twin scourge of this people. In a Southern town of 20,000 inhabitants, one-half whites and one-half colored, there are three large colored universities, and one splendid public school for the colored, with the result that barely one-fifth have not had some sort of a common school education. Yet their average death rate in this city where the collection of vital statistics is complete shows the ratio of 25 1-10 per thousand annually, while that of the whites is fourteen.

The mortuary statistics of several counties in the black belt of the State of Alabama where the population is the densest will show that the death rate is practically double that of the whites.

The study of the causes of death from these parts will show that most are from preventable diseases. The negroes are a sick people, outrageously sick, pathetically sick, inefficient because they feel enervated from pains and aches. Their indisposition is more physical than temperamental. The pity is that this is a preventable condition.

Malaria, hookworm, syphilis and tuberculosis are the principal diseases which afflict them, and every one of these is preventable. Is the education of these people in preventive medicine and sanitation to be accomplished with lectures? Will didactic teaching have

telling and far-reaching effect on them and accomplish the results in the reduction of disease among them, and stop their excessive death rate? In some measure this method of teaching is being done, and has been done in this section with no appreciable effect on the statistical report of their death rate. Teaching cannot reach this condition. The grown-ups miss it, and the children going back to their homes forget it. They must be shown, they must be trained, they must have object lessons, and a large hospital for the indigent, which is many, and easily in reach of all, is the solution. Every city in the colored section of the South should have a large, endowed hospital for the care of the sick, for the training of the colored people as nurses, with visiting nurses, and social service in connection with it; for the giving of public lectures on personal hygiene and sanitation and the prevention of disease with such demonstration from within the hospital itself as will effectually impress the minds with results.

Illiteracy is rapidly decreasing and prosperity, as shown by records of deed and tax books, is very rapidly increasing among the colored people in spite of this deplorable hindrance of poor health. The educational propaganda among them is being furthered in an increasingly satisfactory manner by the state, county, municipal and philanthropical aid, and yet there is no organized effort looking after the physical condition of these people whose records of health are bad and demand attention. Here is an average example:

There are approximately 300,000 negroes contiguous to Selma without one charitable institution for the care of the colored people when sick. There are in Selma three white hospitals with one hundred beds and one colored hospital with twenty beds. The white population of Dallas County is 10,000; the population of the colored is 45,000, and the ratio of the surrounding counties is about the same. Placing the needs of the colored people in this proportion it means a hospital of 400 beds. The increase of disease is out of pro-

portion to that among the whites and makes the demand even larger, since the ratio of disease is proportionately greater than the ratio of population. The sad feature of the investigation of the causes of death among the colored people is that they are dying, for the most part, from preventable diseases, such deaths arising from total lack of knowledge of contagion and personal hygiene.

The public hospital in every community is its greatest educational factor in preventive medicine. The patients it treats, the nurses it trains, and even the visitors to the sick are all missionaries sent out by every hospital to spread the fundamental facts in the care of the sick, and in the prevention of disease.

It is hoped to make a practical demonstration of the facts herein set forth by the establishment of such a hospital and by the treatment of the sick, the training of nurses and mid-wives, the establishment of a visiting nurse's association, and an outdoor nurse's department, the giving of public lectures, and a further study of the prevention of diseases among the colored people. The extensiveness of such an undertaking, the expensiveness of its construction and maintenance, the poverty of the people it will most assist, its charitable and hygienic purposes, and their far-reaching influences are beyond the possibility of accomplishment through local aid alone. Leaders in this movement among the colored people are hoping for substantial assistance from those philanthropists who have done so much for the negroes.

The following conclusions are obvious:

- (1) Good health is the fundamental basis of the people's possibilities in advancement.
- (2) A thorough knowledge of personal hygiene and sanitation is essential.
- (3) Manual and literary education are necessary.
- (4) Prosperity, efficiency, decrease in crime, and degeneracy will all follow as a result of improved health.

A SIMPLE AND INEXPENSIVE FILTER.

Devised by P. C. FAUNTLEROY, M.D.,
Major, U. S. Army.
Fort Monroe, Va.

The accompanying pictures will give a good idea of the size and appearance of this filter when the parts are assembled, when taken apart, and also the manner of carrying.

When the frame work is made of aluminum the whole apparatus weighs five ounces.



The test with heavily infected water gives a filtrate 98 per cent pure.

It is thought that this filter will meet the needs of anyone traveling in this country, desiring such an apparatus.

1. *The apparatus is sterilized by taking it apart and boiling it for twenty minutes or taking it apart and washing it in clean water and after assembling it to pour boiling water through it several times. This is supposed to be done every night by the soldier or traveler.*

2. *To assemble filter, first tightly wrap the filtering cloth around the metal frame work*

and carefully secure same by means of tapes, then place in canvas or rubber bag, so that the discharge pipe will project as far as possible through the lower opening of the bag and carefully secure same by the binding cord attached. Place cork in end of discharge pipe.

3. *To use filter*, having previously assembled and sterilized the apparatus, the canvas or rubber bag is filled with raw water by means of spout, or cup, or by immersing the whole apparatus in the water. The discharge pipe being corked, the disinfectant and precipitant powder is then sifted into the filled

About five grains is sufficient for a quart of the most grossly polluted water.

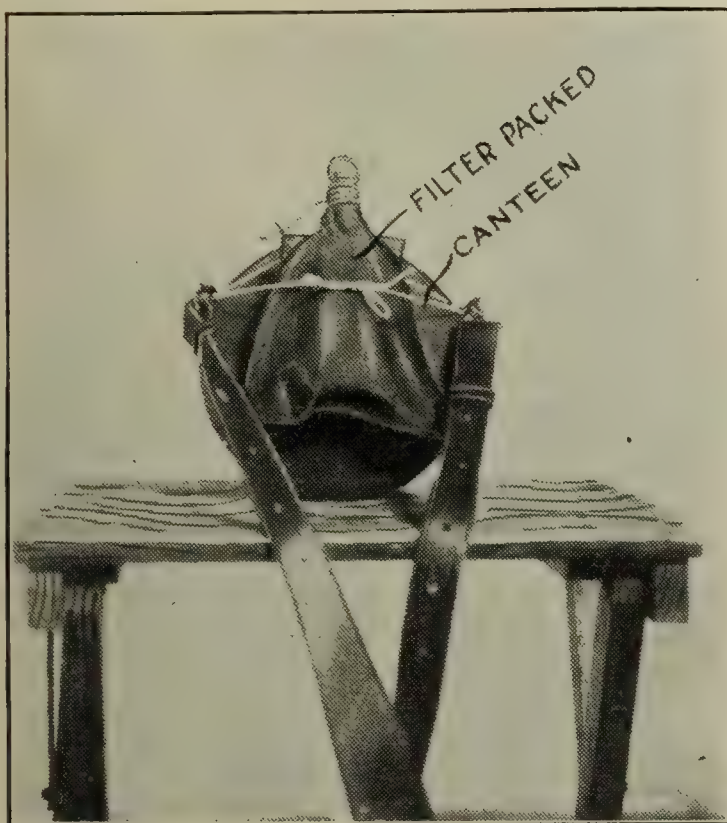
The whole process takes about five minutes.

This apparatus can be made for about 60 cents.

The filtering cloth consists of a piece of heavy outing flannel 4 inches by 5 feet.

SARCOMA OF THE CHEST-WALL; REPORT OF CASE.

BY CASA COLLIER, M.D.,
Memphis, Tenn.



bag in sufficient quantity to cover lightly the surface of the water. The bag is then closed and shaken well several times, and the apparatus is then held upright for a few minutes; after which the cork is withdrawn and the filtered water permitted to pass into the canteen or other vessel.

The disinfectant and precipitant powder consist of:

Sulphate of aluminum	500 grains
Carbonate of sodium.....	475 grains
Calcium chloride	25 grains

Surgical procedures necessitating the opening of the thoracic cavity in the removal of tumors of the chest-wall are comparatively rare in the literature.

Since the operation of the case of sarcoma that I wish to report, I have searched rather carefully and have been able to find only 82 cases. Most of these were operated for the removal of malignant tumors, involving the ribs or sternum.

Tumors that involve the chest-wall may be either primary or secondary. The primary may be subdivided into: fibroma, sarcoma, chondroma, and combinations of any two of these or all of them; and the secondary tumors may be: carcimona or sarcoma. These growths involve the ribs far more frequently than the sternum—as a rule they appear in the lower ribs, but they have been met with in the first, second and third. Only one rib is involved at first, and frequently the rib above and below are involved rather earlier than would be expected when we bear in mind the fact that they do not spread through the medium of the lymphatic circulatory systems but by direct growth—and in this growth it, as a rule, does not attack the skin.

The bulk of the tumor growth is most frequently outward, but it may encroach upon the pleural cavity early, and it practically always does late, and causes more or less indentation of the lung. The parietal pleura is in-

volved frequently, but this is not so of the visceral layer, except in a very few cases, because it rarely becomes adherent.

The pain is a very negligible symptom until the growth begins to spread into the intercostal spaces and encroaches upon or includes the intercostal nerves, then it becomes the most prominent, and it is frequently this symptom that brings the patient to the surgeon, as it was in the case that I have to report.

In the earlier days of surgery those few cases that lived through the shock incident to the opening of the pleural cavity and withstood the loss of blood which it frequently entails died of infection. The shock incident to the wide opening of the pleura is greater than that met with in surgical procedures of the same calibre in almost any other part of the body, probably on account of the close proximity of the heart and great blood vessels, but most important of all, the interference with the respiratory rhythm due to the collapse of the lung and the motility of the septum of the mediastinum. So great has been the fear of this collapse that there has been made and used a number of types of air-tight cabinets and appliances, and various procedures have been advocated for the prevention of this collapse. The various positive and negative pressure cabinets are so large and expensive and are so infrequently needed that they are rarely ever included in a general operating room equipment. Intra-trachial anaesthesia allows us to prevent the lung collapse perfectly, as we can raise or lower the pressure inside the lung at will.

The article published by Parham of New Orleans in 1898 covered the field of surgery of the chest-wall thoroughly. He had been able to find only 52 cases up to that time. F. B. Lund of Boston published the report of a case in 1913, and was able to report abstracts of 28 others. I have been able to find one case reported by Iassentesky that was not included in Dr. Lund's reports, and since his paper one case by J. F. Baldwin, in the *Annals of Surgery*, making up to the present date

a total of 82 cases, and my own making the 83rd.

My excuse for reporting this case is, first, its comparative rareness; second, the long time that elapsed between the injury and the development of the sarcoma; third, the unusual method that we were compelled to resort to to close the large defect.

Patient J. B. W., 56 years of age, barber by profession, is a widower and the father of two healthy grown children. There is nothing of importance or interest in his family history, and his personal history is negative with the exception of one significant fact: 37 years ago he was engaged in a friendly wrestling bout when suddenly he and his antagonist were precipitated to the ground, he falling upon the heel of his friend. He experienced quite a severe pain at the site of the injury, which was at the right costo-chondral junction at about the level of the ninth or tenth rib. This pain bothered him for a few days, but he soon dismissed it from his mind and at the time of the examination had to be questioned rather closely to elicit the facts.

Examination revealed a very thin, tall man, not exceptionally well-preserved for a man of his age. His arteries were moderately sclerosed, and he had a moderate arcus senilis. There was just at the site of the old injury a small tumefaction, about two and a half or three inches long in the long axis of the ribs, and it seemed to spread over two or three ribs—it was not elevated over three-fifths of an inch above the level of the surrounding skin. He came in because of the pain. The tumefaction was very tender to the touch and the patient said that a cough, sneeze or sudden movement almost prostrated him with the pain. This little swelling was noticed about four years ago and the pain had been present only three months.

Under 4 per cent novocain anaesthesia a small section was removed for microscopic inspection. The tumor was very vascular and bled freely—and it was necessary to pack the incision with gauze to control it. Dr. J. J. Cullins made the pathological examination and reported sarcoma of the large spindle cell type.

Under ether anaesthesia an incision 7 inches long was made over the center of the swelling parallel to the ribs, and this was crossed at each end at right angles by another incision 3 inches long, and a flap consisting of skin and a thin layer of subcutaneous fat turned up and down. This gave us an ex-

cellent exposure of the pathology. An incision was made in the intercostal space and the pleura separated from the tenth rib—the rib divided in front of and behind the pathologic field and turned up. It was then seen that it would be necessary to open the pleural cavity and remove that part of the parietal pleura that was attached to the tumor. A small hole was made in the pleura and the lung allowed to collapse very slowly. After the lung had collapsed rib shears were passed in under the ribs and about 7 inches of the ninth and 5 inches of the eighth and tenth ribs were removed with the pleura, muscle and fascia attached. This left a large defect to be closed, and as the man was very thin and sparsely built, very little muscle was available. The diaphragm was sutured into the lower portion, closing probably one-third of it, the base of the lung was then pulled down and sutured to the diaphragm and the margin of the rest of the hole, and the small strip of muscle brought across the suture line between the lung and diaphragm. This closed the defect very nicely and the stretching out of the collapsed lung displaced quite a volume of air and consequently reduced the size of the pneumothorax. The skin and thin layer of subcutaneous tissue were then sutured in place over the closed defect. We then had the otherwise raw area of our skin flap which would have bled in close apposition to the lung and diaphragm and agglutination between them prevented any oozing of blood into the pleural cavity. The thought of aspiration of the air left in the pleura was abandoned for fear of the negative pressure causing hemorrhage.

The patient bore the operation well. He was kept under morphia for two days. On the fourth day he had very good breath sounds over the posterior aspect and his pneumothorax rapidly disappeared. The wound healed beautifully by first intention and he was dismissed on the twenty-seventh day.

INTESTINAL STASIS.

BY S. H. McLEAN, M.D.,
Mississippi State Charity Hospital,
Jackson, Miss.

Coeco-Sigmoidostomy for Hirschpungs Disease.

I desire to report a successful case of dilated colon completely relieved by uniting coecum to

sigmoid by suture method. This young lady, about eighteen years old, had been a sufferer for about six years—having been opened in median line six years prior, and appendix removed by a local surgeon. Not getting relief, in November, 1913, she was opened again by another surgeon, thinking perhaps she had a band of adhesion producing partial obstruction. Nothing was found, and she was closed, making a good recovery, but not in the least relieved. She is a blind girl, attending the School of the Blind Institute of this city. She was an extreme sufferer, requiring as much as two grains of morphine by needle at times when she would become greatly distended. This distension would not be relieved by enemas or purgatives or diet. I consulted her physician, Dr. Curry, of the Blind Institute, and with his consent and the young lady's, I united the coecum to the sigmoid with complete relief, bowels moving on the fourth day with slight pain, but never any distension, and she has remained well since, and left the hospital for her home in about two weeks after her operation. Several weeks prior to her leaving she could not eat anything, bowels always distended and constipated. It has now been about two months since operation, and she has remained well, has a different expression, and so far as I am able to determine, is in perfect health.

TRANSFUSION—DIRECT AND INDIRECT. SIMPLIFIED METHODS.*

BY BERTRAM M. BERNHEIM, M.D., and
ALFRED P. JONES, M.D.,
Baltimore, Md.

The possible therapeutic value of fresh human blood has been recognized for many, many years, but technical obstacles to its transfer from one individual to another have retarded the development of this line of treatment until quite recent times. Even today it has not come into its own by any means. The border lines only have been touched; but so rapidly are we advancing that it would surprise us but little within the near future to hear physicians ordering 10 or 20 c.c. of blood three times a

*Read before the Johns Hopkins Medical Society, March, 1914.

day! Whether this will be given before meals or after meals is open to debate!

There are at present two prevailing methods by which blood is transferred, the so-called direct and indirect methods. We speak of direct transfusion when a vessel of one person is united to a vessel of another person—by suture or tube—and the blood allowed to flow directly from one to the other. The same thing can be indirectly accomplished by withdrawing blood from one individual by means of needle and syringe and injecting it into another, or by allowing blood to flow out of one person into a receptacle from which it can be injected into another—in other words, this transfer is interrupted and therefore indirect. Both methods are successfully employed, both have their advocates, both are quite serviceable in the hands of those properly qualified to use them and in properly selected cases.

Our purpose in coming before you tonight is to present a few of the simpler and more successful methods, direct and indirect, and to contrast their uses, noting such advances as have been made in each.

Working at Bellevue Hospital, New York, Dr. Edward Lindeman, not many months ago, developed to its highest perfection the old needle and syringe method of Ziemssen and later of Moritz. By using three tubes (Fig. 1) telescoped one within the other Lindeman¹ is able to insert a cannula into the vein of donor as well as recipient without the necessity of making an incision, and, rapidly filling one syringe (Fig. 2) after another, can transfer any quantity of blood from one to another. A tourniquet is, of course, applied to the arm of the donor just tight enough to obstruct the venous outflow, but loose enough to permit of the arterial inflow. And to prevent clotting of the blood within the cannula, a little salt solution is injected into it from time to time between the removal of blood by the syringes, of which, in

order to insure rapidity, there are from 12 to 20, the capacity of each being 20 c.c. Those syringes once used are washed in salt solution and used over again in a sort of continuous performance.

Splendid results have been achieved by this method both by Lindeman and others. It is rapid and it is accurate, possessing the advantage—considered doubtful by some but most

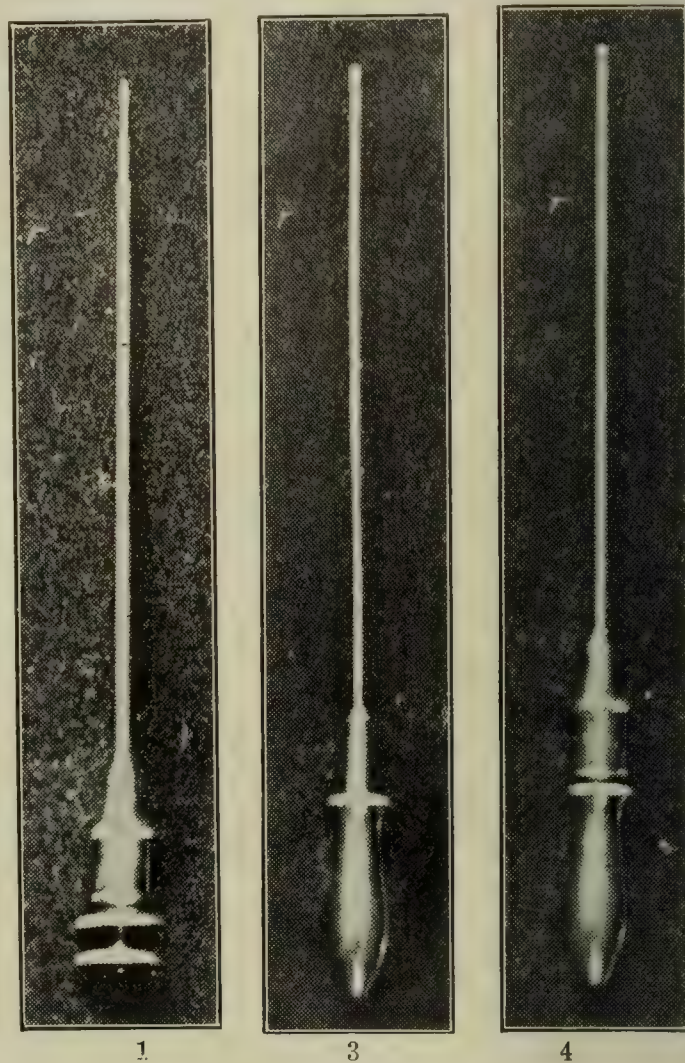


Fig. 1.—Lindeman's Cannula.

Fig. 3.—Obturator.

Fig. 4.—Obturator in Cannula.

important by others—that a known quantity of blood always is transfused. Aside from the slight danger of injecting air into the circulation, its chief advantage is that a team, and a rather well organized team, of two, preferably three, operators is required for its proper utilization, and dexterity and rapidity are prime requisites.

* We have modified this method to the extent of having an obturator (Fig. 3) made to fit

†The experimental work for this paper was done in the Hunterian Laboratory for Experimental Medicine, The Johns Hopkins University.

the cannula (Fig 4), which remains in the vessels during the transfusion. This is to be withdrawn to allow the filling of successive syringes with blood, being reinserted in between times in order to prevent clotting within the cannula. A finger pressing on the tip end of the tube within the vein will keep blood away from this and thus prevent clot formation at that point. Or if desired, a little salt solution can be injected into the vein and held there. In this way only one or two syringes will be required and a more leisurely transfusion is possible. For, strange as it may seem to those unfamiliar with work of this nature, even per-



Fig. 2.—Record Syringe—20 c.c.

chance to those possessing slight acquaintance with it, the transfer of blood should not be rapid and sudden—on the contrary, it had best be rather slow, even, well ordered, for the body stands quite nicely the gradual withdrawal of great quantities of blood, while being terribly shocked at the sudden loss of comparatively small amounts—a fact known and recognized by surgeons. And if this is true of the depletion, the converse is of equal importance. Rapid injection of great quantities of blood sent in under great pressure not infrequently strains to the breaking point a heart that with care is perfectly capable of carrying on its burden without embarrassment. Acute dilatation of the heart is to be feared and therefore kept constantly in mind during every operation of this character. It can occur in any method of transfusion; it can be prevented or avoided in practically every instance.

A second method of indirect transfusion, differing fundamentally from Lindeman's, but being equally efficacious, is that recently devised by Dr. A. R. Kimpton² of Boston. A

glass cylinder capable of holding from 100 to 250 c.c. of blood tapers off to one end which, bent at right angles, is of such size and shape that it will easily fit into a vein that has been dissected out, properly prepared and incised. With a tourniquet carefully applied to the arm, blood will flow into the paraffin-lined cylinder. When the desired amount has been obtained, the operator withdraws the tip of the tube from the vein of the donor and inserts it into a vein similarly prepared in the arm or leg of the recipient, whereupon the blood is injected under slight pressure by means of a rubber bulb attached to the cylinder. Any amount of blood can be transferred by the use of successive tubes; the same tube can even be used over if care has been exercised during the primary filling.

The chief advantage of this method is that recipient and donor need not be approximated. Indeed they can even be in separate rooms, thus avoiding to a certain degree the fearful mental anxiety occasionally encountered when donor and recipient are closely related.

The disadvantages are rather formidable. In the first place an incision must be made in both patients and the vessels must be prepared with great care in order to prevent clot-formation and consequent failure of the blood to flow. But outweighing this is the bulky, awkward glass cylinder—which will occasionally break—and the necessity of keeping a supply of them always on hand sterilized and paraffined. It is quite possible to boil them just before using, but in order to get them properly paraffined they had best be sterilized in the autoclave. A ball of paraffin is placed in each cylinder when it is prepared. During sterilization this melts and if the package is twisted and turned in every direction immediately upon its withdrawal from the autoclave the melted paraffin can be evenly distributed over every portion of its lumen. A bunsen burner applied to the tapered end just

(1) Edward Lindeman—Simple syringe transfusion with special cannulas. *Amer. Jour. of Dis. of Children*, July, 1913.

(2) A. R. Kimpton—Transfusion by means of glass cylinders. *Boston Med. and Surg. Jour.*, Nov. 27, 1913.

before a transfusion will insure a clear path for the blood.

We have simplified Kimpton's method of transfusion to the extent of avoiding incisions. Instead of having the end of the cylinder bevelled, we have cut it off flush until it fits Lindeman's cannula. Thus by combining Lindeman's and Kimpton's methods (Fig. 6) we have arrived at a very satisfactory method of indirect transfusion that can be carried out without incision and in a rather leisurely manner.

But, admitting a little bias in its favor, we must emphasize our confidence in the direct method of transfusion for general purposes. To be able to go into any hospital in this or

equipped hospital—the two to be invaginated and the blood allowed to flow, what can be more simple? “But,” says our critic, “what is to prevent the blood from clotting within the tubes?” Proper care in preparing the vessels for the tubes, the judicious use of salt solution and liquid vaseline will avert this for from 20 to 35 minutes; but this feature, regarded as a catastrophe by the uninitiated, is of absolutely no importance. In emergency work the first two or three minutes of the blood flow almost invariably tells the tale, and our sole object is to get patient and donor connected as rapidly as possible and get the flow started at all hazards. New, fresh blood apparently acts like a sharp command to the whole vascu-

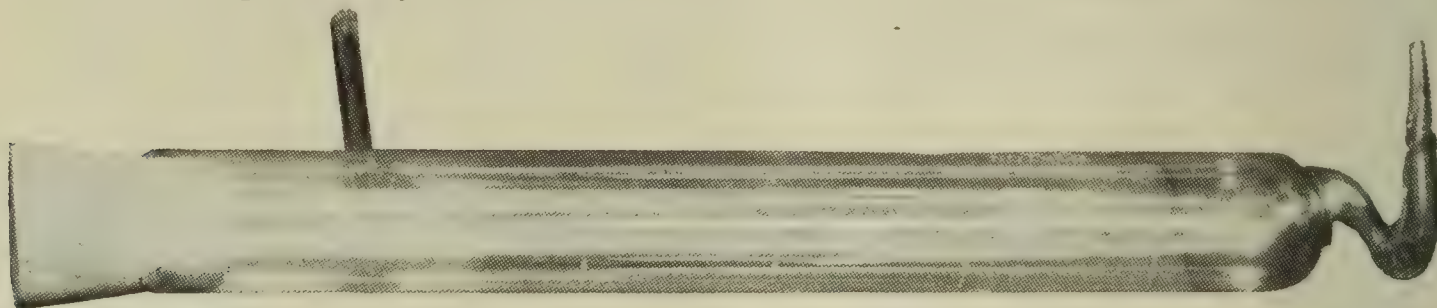


Fig. 5.—Kimpton's Glass Cylinder.

any other country and with the facilities at hand, be they poor or first class, do a rapid and perfect transfusion, using no other special instrument than the two-pieced tube (Fig. 7) devised by one³ of us some two years ago, is an advantage of no mean importance. It is absolutely unnecessary that the staff or any member of it shall be familiar with the use of these tubes; indeed it is unnecessary that there shall be a staff, for a nurse will suffice as assistant, or one person can do the whole work alone, as has been done a number of times. A two-pieced tube, each part bulbous and bevelled at one end, one-half of which can be inserted into an artery by one crew of operators while the other half is being inserted into the vein by another crew—we are supposing a grave emergency in a well-

lar system of the exsanguinated, and frequently within 30 seconds—long before any appreciable quantity of blood can possibly have gone over—a change can be noticed, while 3 minutes suffices to save the majority of those who have not gone too far. Why then fear a clot which never under any circumstances washes off and causes an embolus, but can at best only obstruct the flow? Without any preparation or care whatsoever blood will flow through these tubes for from 5 to 15 minutes. If at the end of that time sufficient blood has not gone over and a clot has occurred, cut the single tie that retains each tube within its vessel, remove them, cleanse the vessels a bit and insert a fresh set of tubes—or if only one set is at hand wash out this and replace it—a procedure that hardly consumes 5 minutes.

At the risk of seeming over-enthusiastic about our own work, let us describe one feature uniquely possessed by this method of di-

(3) Bertram M. Bernheim—An emergency cannula; transfusion in a thirty-six-hour old baby suffering from melaena neonatorum. Jour. Amer. Med. Assoc., April 6, 1912.

rect transfusion which has been of the utmost comfort to us, a number of surgeons and not a few fortunate individuals. And this can best be illustrated by the recital of a recent case. A young man was brought in exsanguinated from a volcanic duodenal ulcer. Transfusion from his sister was started but discontinued after 7 minutes, as it was deemed unwise to raise the blood pressure too high for fear of starting things up afresh. Blood had not clotted within the tubes, but fearing that more might be needed, the first set of tubes was slipped out, the vessels cleansed a bit and a fresh set inserted, one-half in the donor's artery, the other half in the recipient's vein.

cent as against 45 per cent a couple of hours earlier. We could easily have given him more blood, but in the presence of a large fresh wound consequent upon a most hurried operation it is hazardous to raise the blood pressure too high.

In all other methods of direct transfusion it is customary—even necessary—to give all the blood at one dose, because obstruction of the flow, even slowing of it for any length of time invariably gives rise to a clot at the point of union of the vessels. To make a fresh union is so time-consuming as to be out of the question as a routine measure. The same thing holds true of the indirect methods—to

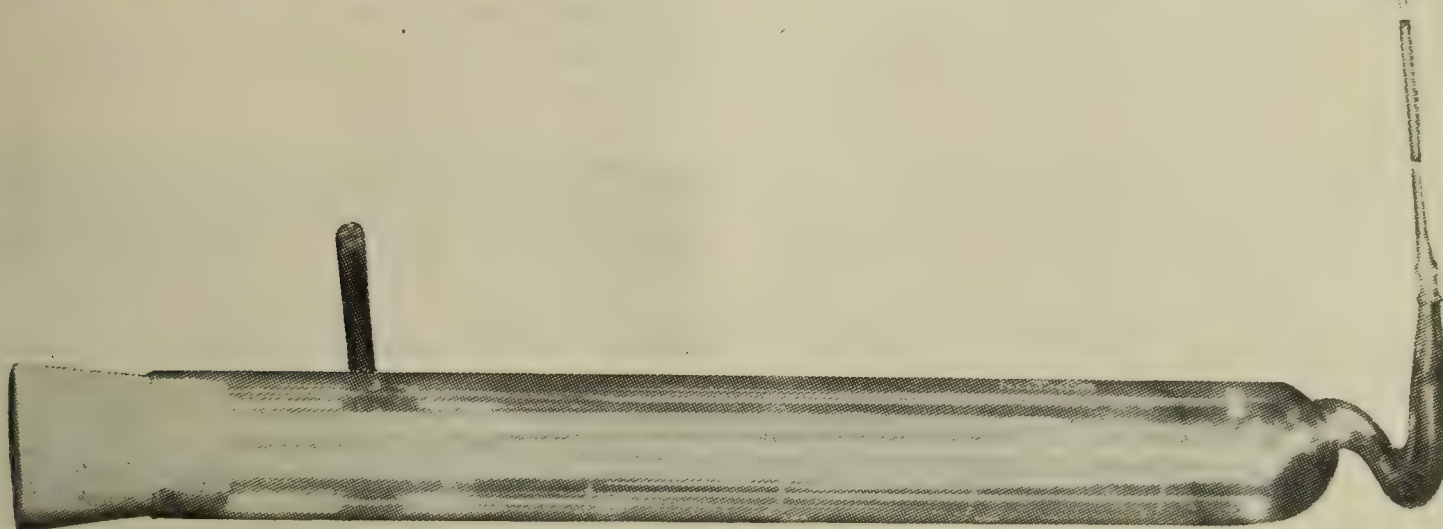


Fig. 6.—Kimpton's Glass Cylinder fitted on to Lindeman's Cannula.

The donor was then asked to lie quietly during the performance of a hasty gastro-enterostomy at which we were interested spectators. During the pylorotomy which followed an extra hand was required, so one of us joined in and rendered what assistance was possible until, this part of the operation having proved horribly difficult, the patient lost more blood, became shocked and suddenly showed the most alarming symptoms. It was a simple matter, then, to withdraw from the operation, have the table of the donor apposed to that of the recipient and simply invaginate the tubes. Almost in less time than it takes to tell of it blood was going over and the patient was again rescued. He went off the table in good condition, having a haemoglobin of 62 per

cent. To renew a discontinued transfusion requires time and necessitates a complete renewal of most all of the various steps, although Kimpton's method might possibly be suitable for this procedure.

But the ease with which it is possible to do this with the two-pieced tube has given rise to the following routine in emergency or post-operative haemorrhage; the exsanguinated, shocked patient is transfused until the blood-pressure is raised from 60 mm. or 70 mm. to about 85 mm. or 90 mm., when the tubes are disconnected and the donor sent out of the room. The patient is then put to sleep, the bleeding vessel caught or whatever operation is necessary is done and the patient allowed to come out of the anaesthesia; whereupon donor

and recipient are again connected and the pressure raised to 100-110 mm. or thereabouts. Patients are not only thus absolutely saved but are sent back to bed in such good condition that a normal convalescence usually ensues.

This is neither the time nor the place to discuss the question of haemolysis following transfusion; a paper is now in the making with that important question as its subject-matter. But we cannot conclude this paper without a brief reference to a subject of which we know astonishingly little, namely, the dosage⁴ of blood. It will perhaps have been noticed that in speaking of emergency transfusion we mentioned the blood pressure and the degree to which it should be raised—and failed even to hint at the amount of blood sent over. This is but another phase of the dosage of blood, the importance of which is over-estimated by some, underestimated by others, fundamentally understood, as yet, by none. The advocates of indirect transfusion lay great stress upon their ability to measure the exact amount of blood transfused, but apparently have overlooked the necessity of correlating amount and effect. One young enthusiastic surgeon unblushingly tells of the following case:

"Post-operative haemorrhage following operation for multiple fibroids. Transfused with 1050 c.c. from her husband. Patient went to pieces very rapidly just before transfusion was started. Not waiting to fill a tube (Kimpton's glass cylinder method was used) but getting 150 c.c., this was transfused, then a 200 c.c. tube was filled and emptied twice, then a 250 c.c. tube was filled and emptied twice. Respirations had stopped, although there was still a little circulation. Efforts to bring about respirations were fruitless."

Think of it, 1050 c.c. of blood, over a litre, transfused into a woman hopelessly lost. To quote from the first part of this paper:

"Three minutes of blood-flow to the exsanguinated usually suffices to tell the tale. New fresh blood acts like a sharp command to the depleted vascular system."

What does this mean and how can we tell that the command has been obeyed? How can

we tell when the time for cessation of the transfusion has arrived, what is the ultimate criterion of immediate success or failure of the operation—the amount of blood transfused? By no means. The blood-pressure is *the* important factor—or, in other words, the response of the body to supporting measures, the most reliable indicator of which is the blood-pressure.

We never know how much blood the patient has lost and furthermore it is impossible to know how great a loss can be suffered with impunity, for it is well known that to one person a slight loss of blood is a serious matter, an apparently tremendous depletion being of little consequence to another. But we do know that a falling blood-pressure is a danger signal and calls for an investigation into its cause.

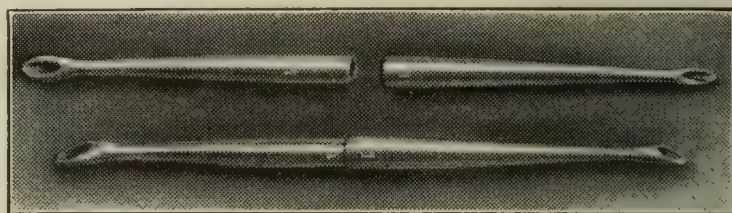


Fig. 7.—Bernheim's Two-pieced Tube.

A sudden fall or a continuous fall is of such importance that sustaining measures should be instituted at once. When these have been properly carried out and continued over a period sufficiently long without response from the blood-pressure, the time for the introduction of new blood has arrived. And the object of this should not be to simply dump in a definite quantity of blood, but rather to give the organism a better grip on itself, a renewed self-confidence, the indicator of which will almost invariably be the blood-pressure. Without response from this the case is hopeless, utterly hopeless, and it matters not whether 500 c.c., 1,000 c.c., or 10,000 c.c. of blood are sent over—one might as well attempt to fill a bottomless pit.

So much for the emergencies. In transfusion for therapeutic purposes—an ever-widening field—the amount of blood might well be given more consideration. But even

(4) Bertram M. Bernheim—Surgery of the vascular system. J. B. Lippincott Company, Philadelphia, 1913.

here the effects of varying quantities should have further study, and the operator should be clear in his mind whether the blood is to be given to *overcome* an anaemia or to combat it by stimulating new-blood formation. For it will readily be seen that the amounts should be different. The method of Lindeman, supplemented by our obturator, seems admirably adapted to the prescriptive doses of blood, the use of which, too long delayed, bids fair at last to assume its proper place in the physician's armamentarium.

We fear that we have wandered a bit from our theme, but methods are of little service without a clear understanding of their uses and indications. So we crave pardon.

It is fitting then to remark, in closing, that blood can be transfused from one individual to another with little difficulty by any one of several different methods. To be well up, one should be prepared to use either the direct or the indirect method, for one may be suitable in one case while another may be more applicable to the other. Our advice to the physician or surgeon who has an occasional transfusion and wishes to do it himself would be to choose that one method which appeals to him most, is most applicable to his cases and facilities, to learn how to do it properly, to be prepared to use it at a moment's notice and to use no other.

ABDUCTION AND FIXIATION OF THE ELBOW IN THE TREATMENT OF FRACTURES OF THE SURGICAL NECK OF THE HUMERUS.

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No apology need be offered, I think, for bringing before the profession this subject,

but for the benefit of those who always demand a reason I have included a few quotations from some of the most recent expressions of authorities in this field of work.

Robert Jones, of Liverpool, after considering the statistics of the Commission on Fractures appointed by the British Medical Association, says:

"In fractures through the anatomical neck it is never necessary to do more than place the wrist in a sling and allow the arm to hang by the side.

"The same treatment may be employed in fractures of the surgical neck when deformity is not extreme. The abducted position is best, however, when it has been necessary to correct extreme deformity by extension in the abducted plane. Passive movement should not begin before the fourth week."

Whitman, in 1911, before the New York Surgical Society, showed a case of epiphyseal fracture at the upper extremity of the humerus which had been *treated by an adaptation of the abduction* method used by him in fractures of the femur. The fragments were held in apposition by fixing the arm in adduction. The result obtained was good.

Bloodgood, 1902, *Progressive Medicine*, says:

"I would urge the more general use of extension in fractures of the humerus and its combination with abduction in those cases in which tendency to displacement of the fragment is less than in the straight position."

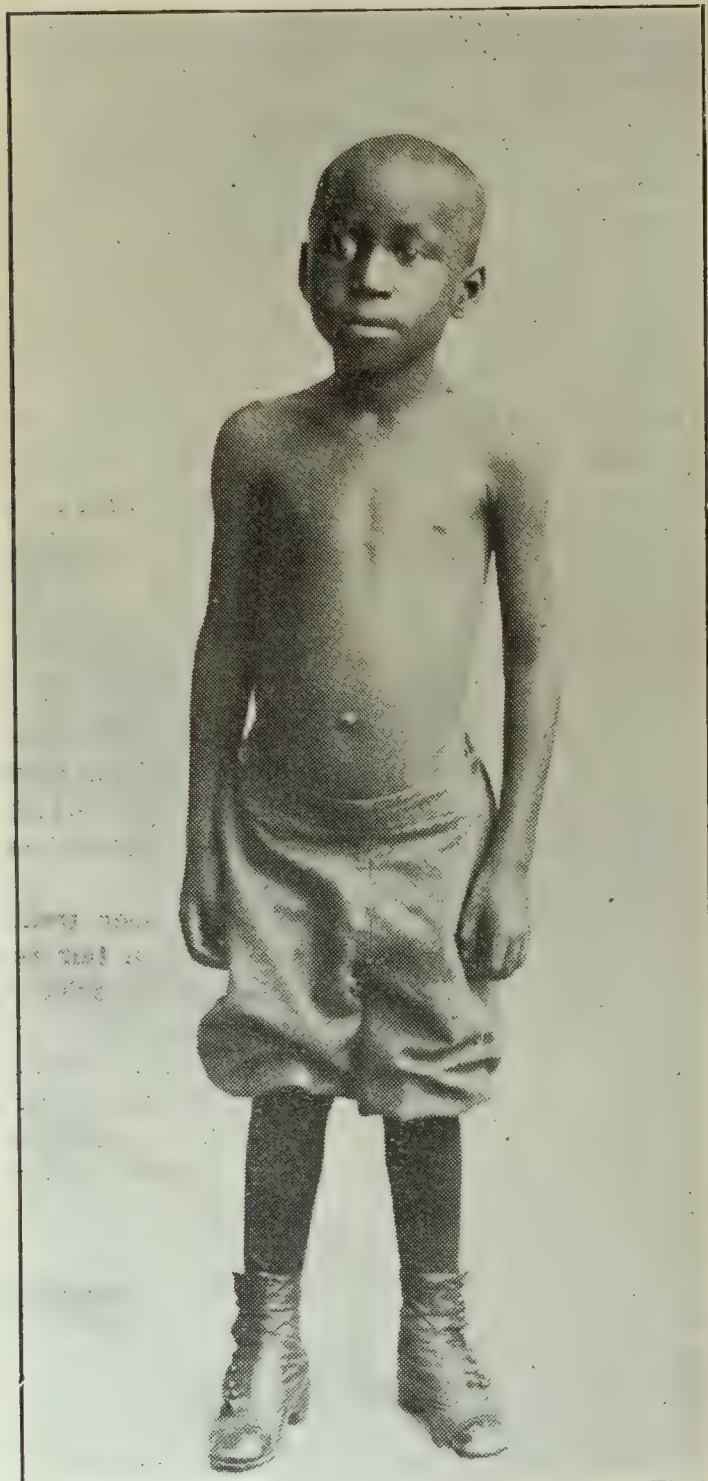
John H. Gibbon (1912) states that open treatment of fractures is indicated "where a fair reduction has not been obtained after the exhaustion of all rational non-operative means."

The observance of this rule will avoid operation in many "so-called irreducible fractures." "To prove this statement, one has but to consider a few types of fracture for which operation is frequently employed. Let us take fracture of the surgical neck of the humerus, with abduction and external rotation of the upper fragment, a fracture which by the older methods of reduction and retention gives but a limited restoration of function and a very indifferent restoration of contour. A mistake commonly made here is that of trying to control the shorter upper fragment, which is practically uncontrollable, instead of placing the

lower fragment or shaft in alignment with the displaced and uncontrollable upper fragment. In many cases simple abduction with moderate traction even without an anesthetic will result in excellent reduction which can be maintained by dressing the part in abduction."

Dr. Richard Harte, in discussing Gibbon's paper, agreed that satisfactory results would be obtained in fractures of the surgical neck of the humerus if Gibbon's suggestions were followed.

Stimson, page 249, 1912:



Case VI.

"In most cases because of the usual abduction of the upper fragment, it is necessary to make traction with the arm widely abducted so as to bring the shaft into line with the attitude of the upper fragment, and after the displacement has been reduced the arm is lowered to the side and there maintained by suitable dressings unless this position too greatly favors recurrence of the displacement, in which case the abducted position must be maintained for a week or two.

"The chief disturbing influence which the retentive dressing has to oppose is the action of the muscles, which tend to draw the lower fragment



Case VI.

upward and inward and to flex, abduct and sometimes outwardly rotate the upper fragments and the great difficulties in the preparation of an always effective dressing are to find a fixed support for its upper end which will furnish the counter extension for traction upon the lower segment and to oppose the tendency to displacement inward without making undue pressure upon the vessels and nerves of the axilla and inner aspect of the arm."

John B. Walker in 1912 presented a boy, sixteen, before the New York Surg. Association who had had a fracture of the surgical neck of the humerus for which "immediately after the accident, a Velpeau and modified Sayre's bandage with an axillary pad was applied." A radiograph showed the head rotated outward and upward, with marked inward displacement of the upper end of the lower fragment. Patient was operated on fourteen days after the accident. Eight weeks later there was only slight limitation of external rotation.

For the sake of argument the profession may be divided into two classes: first, those who operate in all cases. In some instances

this seems justified by the refinement of individual technic and the results obtained. Second, those who operate without having first exhausted all rational *non-operative means* (Gibbon).

In the summary of its work the British Commission found practically as many good results from non-operative methods as from operative procedure. Therefore, since the majority of the profession are not endowed with unusual *skill* and environment, we must of necessity know a rational non-operative method.

Any method to be rational must of necessity deal with physical and anatomic problems. The resultant of forces under normal conditions is the perfect harmony of action which is controllable by the will. After we have a fracture the will is no longer able to command harmonious action because there is a solution in the continuity of the bone. Under the new conditions each muscle contracts, the bone fragments going in the direction of the most

powerful pull. That being the case, we must consider what forces are active. The deltoid, teres major, latissimus dorsi, pectoralis major, triceps, biceps, brachialis anticus and coracobrachialis are the important muscles attached to the lower fragment. To the upper we have the supra-spinatus, infra-spinatus, teres minor and sub-scapularis.

The weight of the arm and forearm is to be considered too. The pectoralis major and teres major adduct the lower fragment. The teres major also has a tendency to rotate the arm inward. The latissimus dorsi draws the lower fragment backward, downward and inward. The biceps and triceps shorten the arm. The deltoid is the chief abductor. The



Case VII, five weeks after operation.



Case VII, Before Reduction.

supra-spinatus abducts the upper fragment. The infra-spinatus and teres minor when *the arm* is abducted draw the arm backward. In a vertical position they act as external rotators.

We see from the above anatomic considerations that *the upper fragment* over which we have no control *is abducted*. The action of one set of rotators may neutralize the other. The elbow is abducted, the arm shortened and the upper end of the distal fragment is adducted and drawn downward. These facts are illustrated in the accompanying drawing and photographs of dissections.

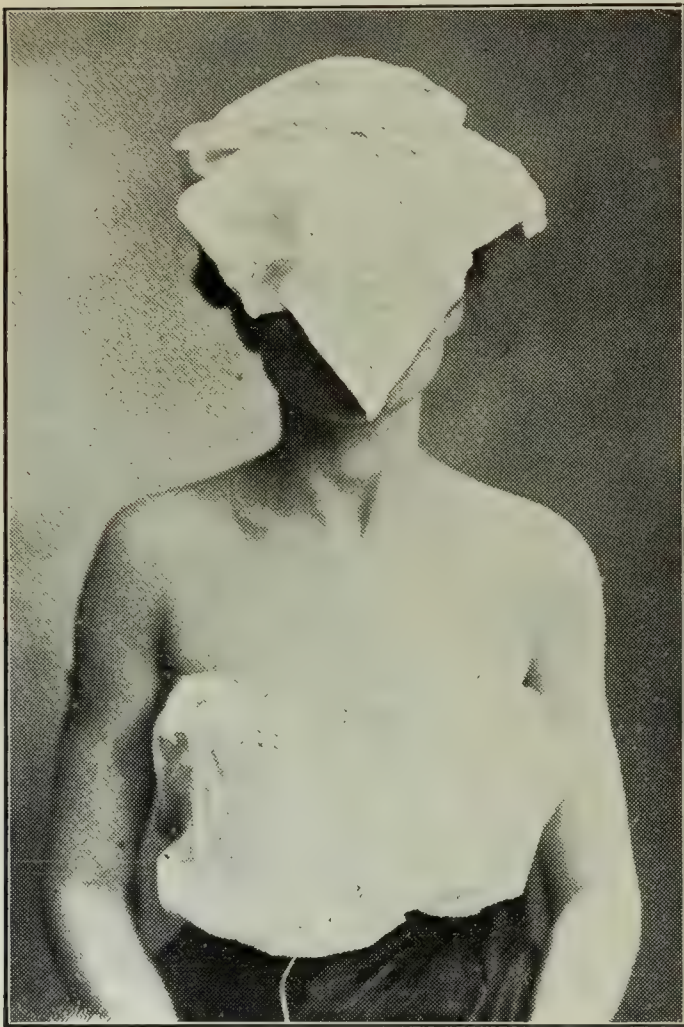
The first problem to be met is reduction of the deformity. In order that the least damage may be done by manipulations, a clear knowledge of the foregoing is essential. (Anesthesia

always.) Traction is made on the lower fragment in an abducted position. When the reduction is complete the part is fixed in the abducted position. Stimson has stated that "the arm is lowered to the side and maintained by suitable dressings *unless this position* too greatly favors *recurrence* of the displacement, in which case the abducted position must be maintained for a week or two." I don't know just how one can tell which are

therefore the elbow is included in a light plaster dressing.

A light moulded plaster shoulder cap is applied; it is intended to serve two purposes: (1) to limit contractions of the deltoid, and (2) to act as a coaptation splint.

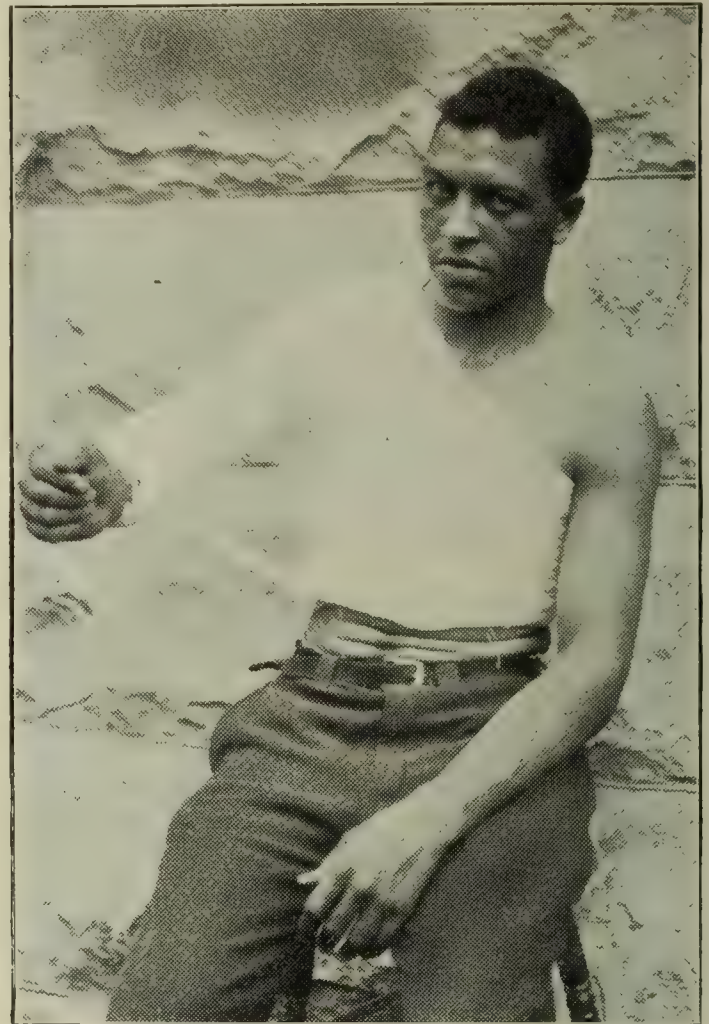
The position of the forearm is important. No effort should be made to put the hand in the Dessault position as the upper fragment is rotated, if at all, outward; in the majority



Case VII, five weeks after operation.

going to be the favorable and which the unfavorable cases, and further if the abducted position is anatomically correct, I believe it should be used in all cases.

It is not sufficient to say maintain abduction. It seems very clearly demonstrated that once reduction has been obtained by traction and abduction *we should make an effort to prevent the action of muscles which by their contraction will tend to bring about shortening,*



Dressing used in these cases.

of cases the muscles attached to the tuberosities probably neutralize each other. The Dessault position means *internal rotation of the shaft and union in this position a change in the axial planes.* The hand should be extended as if shaking hands with one directly in front of you.

With the above axillary triangle, shoulder cap and elbow cast we have temporary fixation of the fragments, and temporary fixation is all that is required. If this were not true

the Lane plate would have been a failure as we have recently seen in the writings of a prominent surgeon that 75 per cent of the Lane plates are either removed by the operating surgeon or some one else.

The after care is as important as the initial dressing. The dressing is removed in ten days and the parts bathed and powdered, and the dressing minus the shoulder cap is replaced. Then every three or four days the parts are inspected, passive motion is instituted and at the end of three weeks the patient has only the axillary triangle which is worn for another week. The arm is kept in a sling during the fifth week, massage, active and passive motion being encouraged at this time.

CONCLUSIONS.

(1) The method is based on anatomic principles.

(2) After the dressing is applied the patient experiences no discomfort.

(3) The joints above and below the fracture are immobilized.

(4) From results obtained the abduction method of treatment with fixation of the elbow seems to warrant a careful trial.

This report is based on the following cases, some of which are from private records and others from the Surgical Clinic of the Touro Infirmary. The X-ray plates have all been made by Drs. Guthrie and Samuel, of the Department of Radiology of Touro Infirmary. The drawing is by Dr. Reed. The clearness with which it illustrates certain important facts deserves more than passing notice.

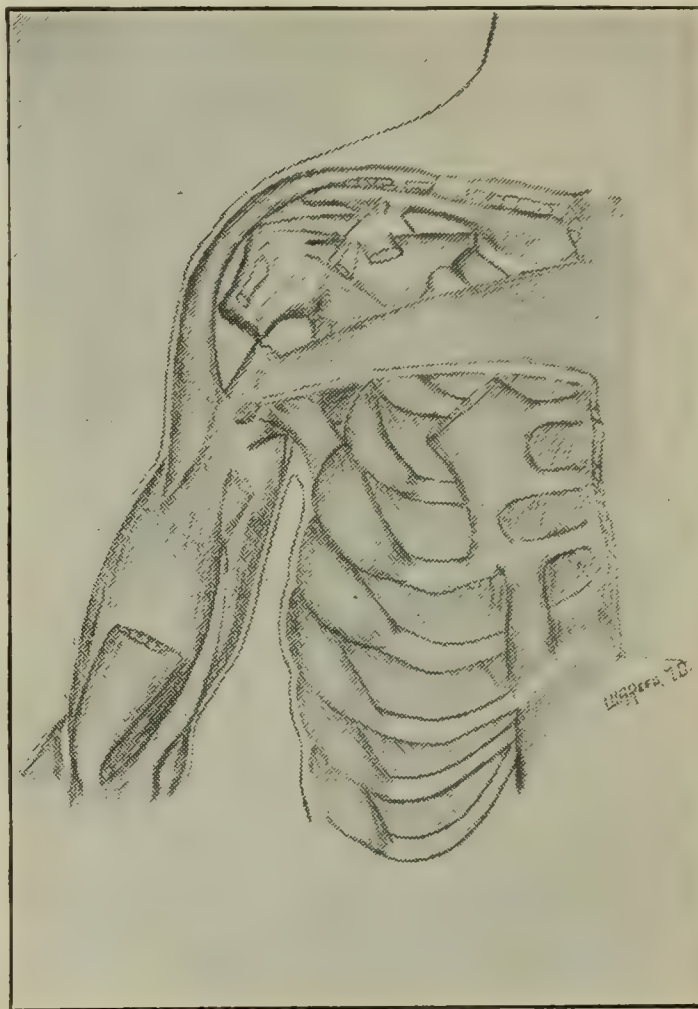
Case 1. Fracture of the surgical neck of humerus. Mrs. R. M., age 61. 1911. Fell on pavement. Immediate loss of function and other typical signs of fracture. No anesthetic because of diabetes and other attendant conditions. I was afraid of non-union or delayed union in this case, but to my surprise neither occurred. After about six weeks patient was able to use hand and arm well. There was a little infiltration in the muscles of the arm for a short while, but this disappeared readily with massage and use.

Note—From conversation June 23, 1914, the pa-

tient's daughter states that there is absolutely no loss of function. No limitation of motion. No deformity.

Case 2. Fracture of surgical neck of humerus. J. C. M., age 55; white male. Clinic No. 7291. X-ray, 3756. March 19, 1913. Two days ago he was attempting to open a blind when the blind gave away and he fell backward on his outstretched arm.

Examination: When seen there was marked swelling of the shoulder. The contours of both



Drawing Illustrating Article.

clavicles was normal; shoulders were in the same plane; the left arm was rotated outward; there was complete loss of function; pain on pressure over upper end of humerus; abnormal mobility; head did not rotate with shaft.

Radiograph shows the line of fracture to be in the anatomic neck of the humerus. Result: Perfect function without deformity.

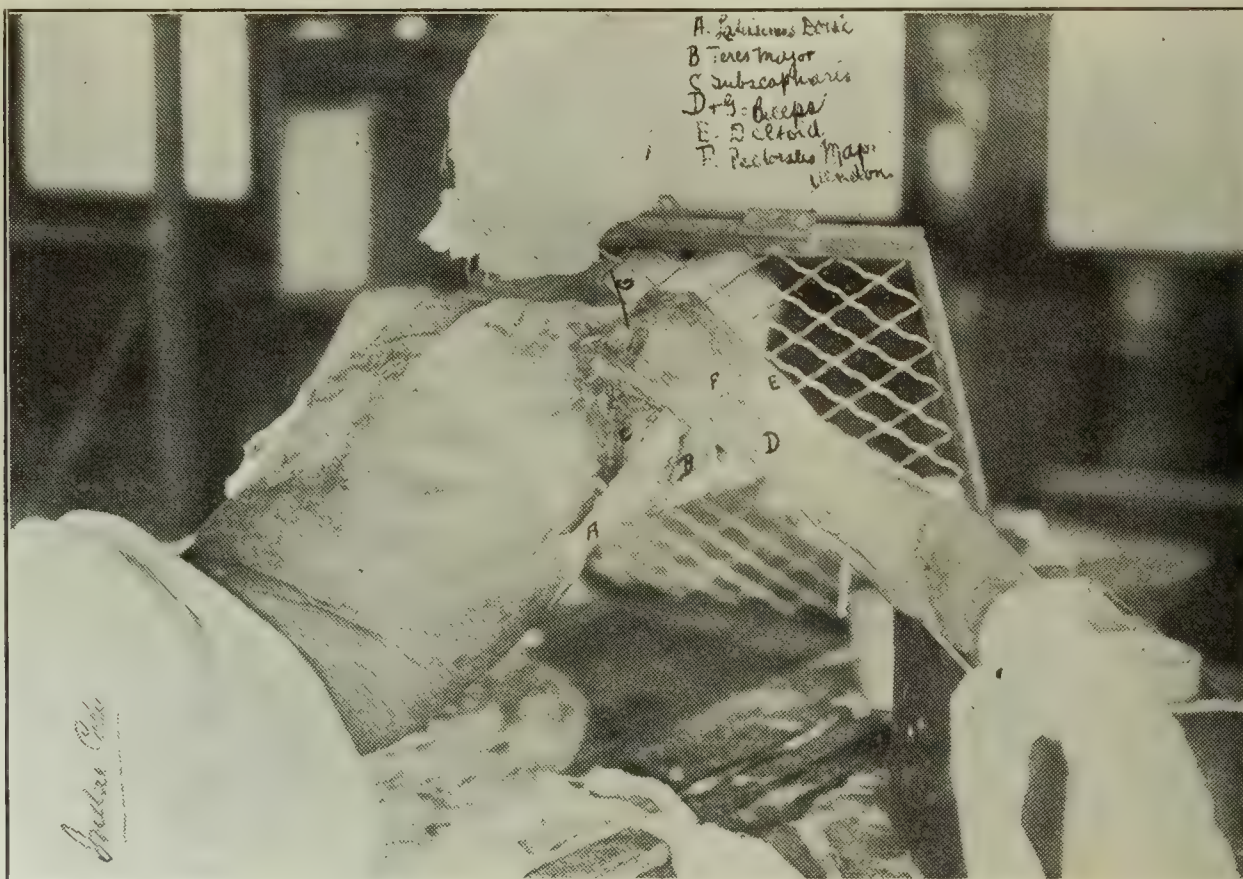
Case 3. Fracture of surgical neck of humerus. A. S., about 24; negro male. Clinic No. 7167. X-ray 3495. Fell from wagon on shoulder. Loss of function. Pain when passive motion is made greatest. When arm is abducted crepitus along

surgical neck of humerus. Abnormal mobility. After two weeks' treatment passive motion was not painful; there was no deformity. He was then lost sight of.

Case 4. Fracture of surgical neck of humerus. A. T. Clinic No. 8028. June 11, 1913. Monday he fell from a tree about twelve feet from the ground, striking his left shoulder. Examination: Swelling on left shoulder and arm. Left infraclavicular space is obliterated. The arm hangs by the side; he is unable to raise the arm or to put on opposite shoulder. Forearm is negative. X-ray No. 4065 fracture of surgical neck of humerus; good position. July 7, motions of shoulder

to use arm. He continually inclined head to the injured side. He cried all night. Head inclined to right side. Right shoulder lower than left. Arm hangs by side. Apparently useless. Uses other hand to support injured hand. Five weeks after the accident there was no deformity nor limitation of motion in any direction.

Case 7. Fracture of surgical neck of humerus. Mrs. S. F., referred by husband who is a physician. May 6, 1914: One week ago was thrown from a horse. In falling she struck her shoulder. Pain, swelling and loss of function were immediately noted. When seen May 6, 1914, she was extremely nervous, almost hysterical from the suffering



joint perfect, no pain, no deformity. July 10, discharged, well.

Case 5. Fracture of surgical neck of humerus. Mrs. F. N. Clinic No. 8554. X-ray 4327. August 25, 1913. She fell last Thursday from the kitchen steps to the ground, striking the left shoulder. She was unconscious for half an hour. She states that she has been unable to move arm since the accident. Pain has been constant. Loss of abduction. We met with great difficulty in reduction. March 1, 1914, at present she has all of the motions of the joint.

Case 6. Fracture of surgical neck of humerus. R. F., age 5, March 21, 1914. Fell off wagon yesterday at 4 p.m. Mother thinks that wagon ran over right arm. The child cried and was unable

she had endured. It was impossible to make a physical examination without an anesthetic. The radiograph, which had been taken in the meanwhile, showed an impacted fracture of the surgical neck of humerus. The impaction was accompanied by deformity. Under anesthesia the impaction was broken up and the deformity reduced. The usual dressing was applied. May 23: The axillary triangle was removed; only the second and third rolls of Dessault and a sling were applied. May 28: Sling alone. The patient at this time can raise arm to horizontal, put arm on opposite shoulder, on head and behind back. When last seen there was no limitation of motion and certainly no deformity.

N. B. Some of these cases have been reported

before the clinical staff of the Touro Infirmary, and a brief resume of the clinical findings in the cases there reported has been published in the New Orleans Medical and Surgical Journal.

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LOCAL TREATMENT OF GONORRHOEIC INFECTIONS.

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Let me start this paper by saying that gonorrhoea is too often grossly mistreated. I deprecate the use of strong irritating injections because they aggravate the disease and damage the urethra. The treatment of acute anterior urethritis by irrigations is to be condemned, because they cause an extension of the disease by continuity. During the past few years the results in my private practice have been better than ever before. This statement is based upon the observation of several hundred cases of gonorrhoea at all stages. The reasons for this improvement are ascribed to careful local treatment and to having absolutely abandoned the use of any drug as an injection which could cause the slightest irritation.

In a general way, my method of treatment is as follows: When a patient comes to me for treatment, after making a positive diagnosis I give him a printed list of instructions, viz:

Instructions to Those Having Gonorrhoea, or Clap.

Gonorrhoea is a local, contagious disease which requires treatment until the physician pronounces it cured. To avoid infecting others and to prevent complications, such as bubo, stricture, swollen testicles, etc., the following rules should be carefully observed:

1. During the first week walking should be limited. When the discharge is profuse you should keep off your feet as much as possible.
2. Do not use alcohol in any form, as it always prolongs the disease. Drink milk, tea, vichy, seltzer, and from six to eight glasses of water during the day. Avoid all sexual relations until you have been pronounced cured by your physician, as the disease may be given to a woman even after the discharge has apparently ceased. When it is present you should avoid sexual excitement, as erections always aggravate the disease.
3. Always wash the hands after handling the parts. The discharge, if carried to the eye, will cause blindness.
4. Sleep alone and be sure that no one uses any of your toilet articles, particularly towels and wash cloths.
5. Be sure that the bowels move every day. If they are inclined to be constipated, take a dose of Rochelle salts before breakfast.
6. Do not use mustard, pepper, horse-radish, or stimulating sauces on your food.
7. Burn all soiled dressings.

For acute gonorrhoea I prescribe a light diet with very little meat and no fats, fruits or alcoholic beverages, but allow as much skimmed milk as the patient can drink. If the infection is confined to the anterior urethra I generally use an injection of two drachms of a ten per cent solution of argyrol, held in the urethra about ten minutes. This injection is made morning, noon and night. Internally I give them a capsule containing salol, belladonna, terebene and sandalwood three times daily. This treatment is practiced for one week, during which time the discharge will almost cease. If at the end of one week the urine remains continuously shreddy, a weak solution of astringents is employed, and of these drugs zinc sulphate, hydrastin, or berberine muriate are useful; but above these all I prefer

nizin (a zinc salt of sulphanilic acid), about two grains dissolved in one ounce of water making a suitable injection. Here let me again emphasize that these astringents should not be used during the first week, and never in solutions sufficiently strong to produce pain or irritation.

In many cases I have tried permanganate of potash, but with not very much success, so I have discontinued this treatment. Irrigation of the deep urethra by means of hydrostatic pressure is injurious in the majority of cases of acute gonorrhoea, and aids the development of complications, which very often bring on orchitis.

It must be remembered that we have to deal not only with gonococci, but with the destructive action of organism. In other words, destroying the gonococcus does not by any means imply the cure of the disease, as there always remains a condition of catarrhal urethritis, which requires a particular line of treatment.

If a case of gonorrhoea is seen in the early inflammatory stage, when ardor urinae and chordee are the most annoying symptoms, I generally give the patient powders of salol, potassium bromide, each 2 1-2 grains every three hours. At the same time a hand injection of a five per cent solution of argyrol is given. At the end of the third week the disease enters upon the stage of decline, or the mucous terminal stage. Here we need astringents to build up and restore the integrity of the damaged mucous membrane. A good plan is to use a five per cent solution of argyrol, night and morning, and throughout the day any of the following astringents may be used:

R Zinc sulphate, grains 10.
Bismuth sub-carb., drachms 2.
Liquid hydrastis, ounces $\frac{1}{2}$.
Distilled water, ounces 4.

R Zinc sulphate, grains 11.
Lead acetate, grains 5.
Liquid hydrastis, ounces $\frac{1}{2}$.
Distilled water, ounces 4.

R Carbolic acid, grains 4.

Zinc sulphate, grains 11.
Powdered alum, grains 11.
Distilled water, ounces 4.

If the morning drop, a thing which has baffled so many physicians, continues, and causes the patient's nervous system to be greatly disturbed, Neisser's bacterin, which is so often used for gonorrhoeal rheumatism by the intramuscular method will be found of much help as an injection into the urethra. The bacterin comes in small bottles, each c.c. containing five hundred million killed bacteria. Of this I inject about six drops three times a week. I have found it to cause a slight temperature after the first treatment, but at the end of the last injection the morning drop eventually disappears without any further complication. I now irrigate the anterior urethra with a warm solution of boracic acid, in order to remove any accumulated secretions that might be left. I then make a deep instillation of a twenty per cent solution of argyrol once daily.

Statistics of several hundred cases treated by this method show a great diminution in the amount of pain, and a shortened duration of the disease, with the extreme rarity of many complications.

Most cases of chronic gleet are due to ulcerated conditions of the urethra. After determining the exact location of the individual ulceration the method of treatment depends upon whether the ulcers are localized or whether there is a co-existent general hyperemia of the urethra. If general hyperemia is present, we should proceed with mild astringents in order to rid the urethra of the mucopurulent accumulations. About four weeks of this treatment, being careful in the use of instruments, will nearly always heal the ulceration.

Gonorrhoea in the Female.

A case came under my observation, Miss A. A., aged 20, suffering from an endometritis, urethritis and typical symptoms of gonorrhoea. The microscopic examination was positive. In this patient the vagina was dilated by means of a speculum to the fullest extent so as to reach

every portion of the vaginal mucous membrane; a forty per cent solution of argyrol was applied to this area, as also to the urethra, by means of a cotton-tipped probe. The interior of the uterus was then freed of the accumulated secretion by a cotton-wrapped applicator and then the argyrol solution was applied to the inner surfaces of the cervix and body of the uterus. These applications were repeated two or three times, the treatment being carried out every second or third day. After the eighth day, no gonococci could be found. For home treatment the patient was ordered to use a vaginal douche of from two to four quarts of hot boracic acid solution, taken in a recumbent position.

In conclusion, let me state that I deprecate strongly the treatment of anterior urethritis by means of irrigations, because of the danger of spreading the disease to the posterior urethra. Irritating injections of any kind should never be used in acute gonorrhoea, because of the certainty of occurrence of a mixed infection and the extension of the disease by continuity to the urethral follicles. Astringents such as zinc, hydrastin, bismuth and lead should never be used in acute stages, but should be reserved for the post-gonococci period when the urine remains shreddy.

104 1-2 West Grace Street.

GUMMA OF ANTERIOR URETHRA.

By J. C. VINSON, M.D.,
Tampa, Fla.

Of all so-called tertiary lesions of syphilis, the urethral gumma seems to be one of the rarest. From a careful perusal of the literature obtainable on this subject I have been able to find but a few cases upon which a clear diagnosis of gumma of the anterior urethra was made. E. L. Keyes, Jr.,¹ states, "that gumma appears occasionally in the prepuce, but very rarely in the urethra and the corpora cavernosa. The history, the influence of mixed treatment, and, if necessary, an examination

of a section of the growth, determine the diagnosis." ²D'Arcy Power states "that gummatous inflammation occasionally takes place in the urethra during the last stages of syphilis. It is rare in the form of gumma, but is by no means uncommon as a diffuse inflammation, often associated with phagedaena." Chetwood³ states "that gumma attacks this region in the tertiary stage from five to ten years after the infection. The gumma occurs, primarily, in the external covering of the glands, and may eventually invade the urethra." ⁴Caspar states "that gumma of the urethra occurs in the form of circumscribed nodules before disintegration occurs, and as ulcers after disintegration has taken place." ⁵Stengel states "that the gumma presents itself as a nodular mass, varying in size from a small, tubercle-like formation to tumors the size of an orange, or larger. It is hard and has frequently an elastic character, which has suggested the name, 'gummy tumor,' or 'gumma.' Upon section, the substance is frequently found to be gelatinous or mucoid in appearance, but there is nearly always considerable induration, either peripheral in the form of a capsular inclosure, or striate, in the form of bands extending from the center to the periphery and into the surrounding tissue. The gumma is composed in large part of round cells derived from the blood vessels, and proliferated connective tissue cells having a spindle shape, or various irregular forms. Epithelioid cells are less abundant and giant cells, though occurring at times, are usually few in number. Plasma cells may be abundant in syphilitic lesions, and mast cells occur in small numbers. The blood vessels are nearly always more or less affected, the intima being thickened and the adventitia being also involved to a variable extent. Periarterial changes are very conspicuous. Secondary changes are almost always seen in gummata of considerable dimensions, among these may be recognized a gradual necrotic transformation of the cells in the center of the lesion, with distinct fatty degeneration, or myxomatous change."

¹Read before the Hillsboro County (Fla.) Medical Association, February, 1914.

Report of Case—Mr. F. R. W., American, white, 43 years of age, traveling salesman, consulted me for what he termed "a stricture."

Family History—Father died at the age of 84 of Bright's disease. Mother died at 67 of Bright's disease. One sister living and well, age 50. One sister died at the age of 40 of Bright's disease. Two brothers living and well, ages 41 and 45 respectively. Has been married for about 15 years, and has three children, the eldest 13 years old, the youngest 6 years old. Wife had a miscarriage at three months, seven or eight years ago, cause unknown.

Past History—Denies syphilis. Gonorrhea one time 20 years ago, duration 18 months, right epididymitis. A morning discharge for two or three years after. For the past twelve months had noticed some change in his urinary stream. Three months ago he noticed a slight constriction of the meatus, and since that time the urinary stream has decreased perceptibly in size. Micturition has been very slow, but he has never had complete retention—otherwise feels perfectly well. Has never had rheumatism, sore throat, or any skin eruption.

Examination—Examination revealed a small meatus having a well defined ring of hard tissue slightly raised, slight amount of discharge and a well defined tumor extending from the meatus along the urethra for two inches, forming a cuff of about one-quarter of an inch thickness entirely around the urethra. A microscopic examination of the discharge showed epithelial cells and pus. The first urine contained a few shreds, the second clear. Examination of the prostate and seminal vesicles negative. Physical examination negative,

except upon the left forearm, outer aspect, where appeared a dry, scaly lesion the size of a half dollar, having a slightly red base. The patient stated this particular spot had been on his arm for a year and a half. He first noticed it while sea bathing at a nearby resort, and there has been no noticeable change in the lesion for that length of time.

Laboratory Findings—Wassermann was made and found positive. A section was made through the tumor mass extending from the meatus to the coronary sulcus at the left of the frenum, and was referred to Dr. Mills, of the State Laboratory, for pathological examination.

Pathological Report—"The specimen of tissue from your patient, Mr. F. R. W., submitted to us, shows a picture of chronic inflammatory reaction. The specimen is that of granulation tissue with areas of beginning necrosis, and with marked thickening, and in some cases, obliteration of the capillaries. The latter feature particularly, is strongly suggestive of syphilitic granuloma. Yours respectfully—Herbert T. Mills, M.D., Asst. Bacteriologist."

The patient was immediately placed upon potassium iodide, increasing the dose rapidly, and after the expiration of two weeks there was an appreciable decrease in the size of the tumor, and since that time the tumor mass has been disappearing rapidly.

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Next Meeting, Richmond, Va., Nov. 9, 10, 11, 12, 1914

EDITORIAL DEPARTMENT

THE RICHMOND MEETING OF THE SOUTHERN MEDICAL ASSOCIATION.

Too much importance cannot be ascribed to the coming meeting of the Southern Medical Association at Richmond. It promises to exceed in numbers and interest anything that has yet transpired in Southern medical history. Preparation has been made for the entertainment of not less than one thousand visitors.

Coming as they will from all parts of the vast empire we call the South, they will represent the medical views and requirements of a varied and extensive territory and the circumstances are such that the meeting will be composed of the best culture and highest ability in Southern medicine. A glance at the programme, published in another part of this *Journal* will disclose a wealth of material presented by men of such national reputation that the temptation to be present and participate in their discussions should be well nigh irresistible to progressive minds.

Every phase of medicine and surgery will receive attention and the latest developments will be fully discussed. Beside the strictly professional elements of the meeting the social features will be magnificently developed. The citizens of Richmond are famous for the boundless hospitality with which they entertain their visitors and the present occasion will be made memorable to those who are privileged to enjoy it.

A specially interesting feature will be the reunions of the alumni of various medical colleges. At past meetings this has proven very enjoyable and in view of that fact an enthusiastic local committee has taken charge of the matter and has arranged for the reunions a programme that it will be difficult to excel at any future meeting. On Friday and Saturday after the meeting men of prominence and ability will present various clinics for the entertainment and instruction of those who choose to enjoy them, while those who prefer a more sportive form of recreation may witness a

game of football on Saturday. The railroads of the South have granted special round trip rates to the Richmond meeting, good for two weeks. This will enable those who desire to do so to run up to Washington and Baltimore to witness the clinics in those cities.

THE SOUTHERN ASSOCIATION OF RAILWAY SURGEONS.

At Richmond, on Monday, November 9th, at 9:30 a.m., the above named association will meet in the Palm Room of the Jefferson Hotel. This is one day before the meeting of the Southern Medical Association, which convenes on the 10th, and future meetings will likewise precede those of the parent body, and at the same city. The meeting will be called to order by the President, Dr. Duncan Eve, of Nashville, and a glance at the list of papers to be presented and of the names of the men who are to read them and of the men who are to discuss them, as shown in the programme on another page, will convince the most skeptical that the object of the association is hard work and enlightenment. The questions to be considered are of common, practical interest and worthy of careful study. It is anticipated that a large majority of all Southern surgeons who do much railroad work will ultimately affiliate themselves with this association. To become a member one must first hold membership in the Southern Medical Association, an honor which no man can attain without the indorsement of his local medical society, a pre-requisite which bars out the unethical doctor. No additional fee is required of the doctor who joins the Southern Association of Railway Surgeons. His membership in the Southern Medical Association entitles him to membership in the subsidiary society, if he desires it, as well as to the receipt monthly of the Southern Medical Journal.

The acknowledged eminence of the first few men who made the tentative organization at Lexington will certainly attract others of their kind. It should have at least a thousand mem-

bers in the seventeen eligible states. The organization is not yet complete and charter members are still acceptable. With no fees and no politics in the way the Southern Association of Railway Surgeons should be able to devote itself strictly to the business of studying conditions and measures, for the honor of the profession and the benefit of humanity. It is destined to become one of the most popular medical organizations in the South.

THE ASSOCIATION OF SOUTHERN MEDICAL WOMEN.

So many of our Southern women are engaging in the practice of medicine that it is entirely proper for them to combine in some organized way that will be to their advantage. As a rule women do not get acquainted with each other in an informal manner as readily as do men, and membership in an organization like the one under consideration facilitates their meeting and forming valuable connections regardless of the ordinary formalities of society, and will insure the comfort and enjoyment of all medical women who attend the meetings.

The Association was organized a year ago at the Lexington, Kentucky, meeting, for the purposes mentioned. It is not intended for scientific work but meets at the same time and place with the Southern Medical Association, and it will be of great advantage to all the members in facilitating proper social relations of the members with each other. Qualification for admission to its fold is simply membership in the Southern Medical Association, and no additional membership fees are required.

It is in the profession of medicine that our Southern womanhood has found its highest expression of the innate and sympathetic gentleness that is its loveliest characteristic; while the unobtrusive power of quiet but concentrated observation and perception, peculiarly fits a refined and educated woman to secure from sensitive patients that perfect confidence which is so often necessary for a thorough un-

derstanding of the condition and requirements of the case.

The *Journal* prophesies that the Association of Southern Medical Women will be the final element to render Southern organized medicine the perfect and complete representative of the highest type of intellectual life in the "Sunny South."

HEALTH SUNDAY IN VIRGINIA.

It is an appropriate development of the altruistic tendency of modern medicine that its leading representatives should, on notable occasions, occupy the sacred desk on the Holy Sabbath and in place of the regular pastors direct the attention of the congregations to matters pertaining to their physical welfare. Yet it is a very recent development. At the Lexington meeting a year ago quite a number of the visiting physicians occupied the pulpits of the churches in that city and of some in Louisville and preached what were denominated "Health Sermons." The movement was so well received that at the approaching meeting of the Southern Medical Association at Richmond it will be still further extended. The pulpits of the churches in Richmond and the hall of the Y. M. C. A. will be served by physicians of acknowledged ability as public speakers, and all over the State in the principal towns and cities similar services will be held in the sacred buildings. Thousands of the people of Virginia will thus have laid before them the gospel of health, presented under the most impressive circumstances. It is entirely fitting that this work should be done in the house of God. When His Son made Himself visible to mortals and showed them how to serve each other according to His example, He did so by healing the sick and by instructive discourse. Surely the profession that devotes its entire efforts to the prevention or relief of human suffering is entitled upon occasions such as this, when they meet to consult how better to do their good work, to occupy the rostrum wherefrom His ordained ministers are wont to teach the lessons of spiritual health.

THE LOUISIANA HEALTH TRAIN.

An object of particular interest to many of the physicians visiting Richmond for the meeting of the Southern Medical Association will be the "Health Train," which Dr. Oscar Dowling, President of the Louisiana State Board of Health, organized and has exhibited all over the United States. The idea was so unique that only a genius could have foreseen its success. Everywhere that it has been thrown open to the public it has been visited by throngs of interested observers from every walk in life and if one may judge by the verbal expressions of its visitors and by the editorial utterances of the press in the localities where the train stopped, there were few places indeed where the people did not learn from it some lesson to their advantage. City officials saw new methods of protecting their people against the invasion of epidemic diseases; individuals carried home from it new ideas for the physical welfare of themselves and their families.

In a word it has performed a mission of education the value of which it would be difficult to express in words. Members of the Association and their friends should not fail to see this health train. The medical profession of the South should, in simple justice to Dr. Dowling and his devoted corps of assistants, pay it a visit of congratulation to show their appreciation of the great service it has done in rousing and directing public attention to the importance of sanitary measures.

SCIENTIFIC AND COMMERCIAL EXHIBITS.

The scientific exhibits at the coming meeting of the Southern Medical Association will be of unusual interest and are growing in importance every year. Among those which every physician should see are the Thompson-McFadden Pellagra Commission and the Tulane School of Tropical Medicine.

The commercial exhibits will be more extensive this year than ever before. The dis-

play of books, instruments, medical appliances and pharmaceutical and biological preparations, which has become such a feature of medical association meetings, possess a value beyond the convenience they offer that is not always fully appreciated. It gives the busy surgeon, specialist and general practitioner a welcome opportunity to scan and criticise the latest and best surgical instruments, books and medical appliances as well as the newer drugs and biological products. The rival manufacturing firms present their products and demonstrate their advantages in such a way that the physicians receive a degree of enlightenment that is valuable yet costs them nothing. The commercial exhibits at Richmond will amount to a small exposition and the time between the meetings can be utilized to excellent advantage by their inspection. The scientific and commercial exhibits will be attractively arranged in the Jefferson Hotel. The exhibits are under the supervision of Mr. C. P. Lorz, Business Manager of the Southern Medical Journal, who deserves great credit for securing the best scientific and commercial displays that the Association has ever had.

PRACTICAL PLAGUE PREVENTION.

The newspapers of New Orleans announce with pardonable pride that their city has conquered the dreaded bubonic plague in a shorter period of time, with fewer cases and with a smaller mortality than has ever before been accomplished in the history of the world. There have been no cases since August and the last convalescent has been discharged from the isolation hospital. This great victory was won by securing the co-operation of all the citizens through the agency of publicity. When San Francisco had plague it concealed the fact as long as possible in order to retain its trade. As a consequence it took that city a long time to get rid of the infection, the country lost confidence in their announcements and the damage to business was incalculable. On the contrary, New Orleans announced the pres-

ence of the first case and it took only two and a half months to get rid of the disease instead of four years as in San Francisco. But New Orleans has gone further than that, and instead of stopping work when victory was achieved has gone on steadily to make the city rat proof and plague proof. They have also eradicated old slums and inaugurated a reign of sanitation that has had the immediate result of reducing the morbidity and mortality rates of the city below anything in its previous history. Meanwhile the course of commerce has continued unchecked and business has been maintained at its normal standard.

In view of the greatness of the victory it is proper to give credit to the workers who have accomplished it. The city health officials have shown a breadth of view and an efficiency of action worthy of all praise. Without any of the petty jealousy that is sometimes seen, they welcomed the aid of the U. S. Public Health Service, which was promptly and efficiently provided, and its agents, especially General Rucker and Surgeon Creel, have displayed an energy and capability that will not soon be forgotten. A plague-proof city should be a monument that any man should be proud to claim and this condition of New Orleans will be largely credited to them not only today but in the history of our country.

But New Orleans is not the only city that has been doing great work to prevent the possibility of an invasion by plague. Mobile, which is equally exposed to infection from Southern ports, has gone to enormous expense to render rat proof, and therefore plague proof, that part of the city adjacent to the docks and for several squares contiguous thereto. Here also the Public Health Service has lent a helping hand, Surgeon Grubbs, under whose direction the work has been performed. Mobile is daily employing a large number of inspectors under his supervision, and, like New Orleans, the city is now in a more sanitary condition than it has been for a very long time. The business men of the city, led by the city commissioners, certainly

have shown foresight and wisdom in fortifying against the invaders before the attack. The huge sums of money now being expended are an investment that will be repaid an hundredfold in the security at home and the confidence abroad that will result.

"DOCTOR, BUY A BALE OF COTTON!"

If every doctor in the South will buy a bale of cotton, it will take off of the market 39,000 bales. Not less than ten cents should be offered for it, as the object is not profit, but the maintenance of that prosperity upon which the welfare of the doctor as well as that of other people depends. It would be well also outside of this special purpose if doctors in the rural districts would notify their patients that they were willing to accept payment for services in cotton at ten cents a pound. It should be understood, however, that in buying the staple at that price one is not performing an act of charity. On the contrary, it is an investment more certain of a profitable outcome than almost any other in which a physician can properly invest. Having purchased the cotton, not a bale of it should be resold at less than twelve cents. When the normal channels of commerce are reopened there will be a sudden and enormous demand for cotton and the price must soar. Therefore, "Doctor, buy a bale of cotton." Urge your county medical society to adopt the same policy so that every member may buy at least one bale. They will be sure of a good profit in more ways than one, for the demand is as certain to come as the sun is to rise, and the supply will be inadequate.

The movement suggested is so widespread and so vigorously under way that the number of bales thus withdrawn from the market will be counted by the million and the effect upon the price will be like that of a "corner."

SOUTHERN HEALTH EXHIBITION.

The forty-second annual meeting of the American Public Health Association will take

place in Jacksonville, Florida, November 30 to December 5, next. For the first time in the history of the Association will a meeting be held in one of the South Atlantic states and its occurrence suggests that the rapid strides of many of the southern health departments, during the past few years, are beginning to receive due recognition.

The organization of the American Public Health Association is rather unique among medical associations drawing, as it does, its members from this country, Canada, Mexico and Cuba. Although its constitution provides that anyone interested in public health is eligible, its membership is composed for the most part of health officials, laboratory workers, sanitary engineers, vital statisticians and sociologists, divided into as many sections.

For the Jacksonville meeting extraordinary efforts are being made to make the occasion memorable to those in attendance as well as to reap for the whole South as rich a harvest as possible of good along the various lines of health conservation.

To this end, the Southern Health Exhibition has been organized and will continue from November 27 to December 6, preparations having been carried on for an entire year. Here, suitably grouped by an expert, will be shown material representative of the sanitary achievements of the entire South. Practically every branch of preventive medicine will be covered, especial attention being paid to those problems of peculiar interest and import to Southern health departments.

For the first time in the history of the American Public Health Association will southern health officials be afforded an opportunity to attend the conferences of the Association and, at the same time, to view, under one roof, the methods of health conservation employed by their conferees.

An immense amount of material, much of it entirely new, has been secured and nearly every health organization south of Mason-Dixon line will be represented. The opportunity is an exceptional one for both health officials and

students of public welfare work of every nature. The Secretary, Mr. Selskar Gunn, reports that, from information already in hand, this meeting of the association will undoubtedly be the largest ever held during the forty-two years of its existence.

All interested in public health are urged to attend the meeting and visit the Exhibition where no one may fail to profit by the exhibits that will be shown.

CLAIMS ARISING FROM RESULTS OF PERSONAL INJURIES*

Dr. William E. Magruder of Baltimore, an enthusiastic member of the Southern Medical Association, has written a book with the above title which is different from any other medical book which has come to the Journal office. The plan of the book is unique in that it considers one by one the diseases that are caused by or are apt to follow personal injuries, starting with pneumonia and ending with malignant growths. It is very concise and practical and will prove of great assistance to physicians who have much to do with claims for damages caused by accidents or violence.

Dr. Magruder has not only written the first

*The Spectator Co., 135 William St., New York, N. Y. Price, \$2.50.

and best book on this subject, he is the pioneer on the question of mediation between insurance and accident companies and those injured or having claims against them. He has organized the National Investigation Bureau of Baltimore, which offers its services "to investigate, adjust, compromise, settle controversies and disagreements and claims arising out of or relating to contracts of insurance of every kind and description." The Bureau appoints physicians, of the highest type, who have had special training for accident and other similar work, in the various cities of the entire United States, whose services can be secured at any time when desired either by those having claims for damages or by the life, accident or health insurance companies. The National Investigation Bureau already has an excellent record for adjusting claims out of court and as it is better understood by the medical profession, the public and the insurance companies it will be more frequently called upon to act as the mediator to settle the differences between the claimants and insurance companies. Physicians, who have been called upon as expert witnesses are pleased that an organization has been perfected which will reduce their chances for the annoyance and inconvenience incident to appearing before the courts.



CAPITOL BUILDING—RICHMOND, VA.

RICHMOND, THE CONVENTION CITY

MEDICAL HISTORY OF RICHMOND.

BY JOHN N. UPSHUR, M.D.,
Richmond, Va.

The medical profession of Richmond is looking forward with anticipations of great pleasure to the coming meeting of the Southern Medical Association in this city next November. The latch-string is hanging out, our hearts are wide open, and already our hands are extended in greetings of most cordial welcome. We hope that the visit of the Southern Medical Association will be so profitable and so filled with pleasure and the acquirement of new friendships that the visit will long be remembered, and the wish to come again spring perennially in the breast of every member.

In coming to Richmond we should have the association know something of its medical history. This city on the James has been no laggard in the medical progress of the last fifty years. Before the civil war there was not any event of special note connected with the medical history of the city of Richmond. The profession in a town of thirty thousand or less was composed of not very many men, but they were men of marked ability, true types of the old family physician, and emphatically gentlemen. The names of the elder McCaw, John Cullen, Johnston, Petticolas, Haxhall, Dean, John Cunningham were household words. When the civil war between the States ended the city was impoverished and in ruins. The large negro population had been freed. The medical profession, as never before, had to enlarge their liberality for the sake of humanity and minister to the sick and suffering of all races and colors without any hope of reward, even though grim want was knocking at their own doors, and wife and children were forced to do without some of the necessities of life. The whole people was

impoverished and despondent, but of necessity were forced to arouse themselves to make an effort to sustain life. One of the first acts of importance succeeding the war was the making by the profession of a new schedule of fees to make the charge for service a life-sustaining remuneration.

At the close of the war there were no hospitals in Richmond, all surgical work was done at the home of the patient. It mattered little, as surgical asepsis had not been born. The old germ-bearing sponge was used until it was worn out and instruments were fortunate if they got rinsed off in warm water.

The Freedman's Bureau, however, which looked after the welfare of the newly-freed wards of the nation, established a hospital at Howard's Grove (now the suburb of Fairmont) in some rough buildings which had been used by the Confederate Government as a hospital. The capacity was about 500 beds. The organization was under a government contract surgeon in charge, a hospital steward, a clerk, matron, sergeant and six soldiers, and the Medical College of Virginia was allowed the use of it for clinical purposes and to send a resident physician from the graduating class and four senior students, who did the work of looking after the patients. The writer served there for fourteen months as student and resident physician. The cases treated were conspicuous for the large number of cases of tuberculosis, covering the whole field as to variety, and the large number of cases of venereal diseases. During the incumbency of the writer 250 to 300 autopsies were made, and not more than five or six were free from evidence of tuberculosis, somewhere, and many times, when it had not been suspected before death.

Richmond was conspicuous for its lack of hospitals, having no private hospital, all charity cases being treated in the hospital of the city almshouse. The Retreat for the Sick



ST. ELIZABETH'S HOSPITAL

was founded by Mrs. Jenkins in the seventies, aided by a board of earnest women. Then came St. Luke's, the private sanatorium of Dr. Hunter McGuire, located at the corner of Governor and Ross Streets, but superseded more than fifteen years ago by a new and up-to-date hospital in the western section of the city, Dr. Stewart McGuire succeeding his father after his death as the head of this institution. Next came the Old Dominion Hospital in connection with the Medical College of Virginia, to be superseded in the nineties by the Memorial, a much larger and more modern hospital. Upon the establishment of the University College of Medicine the Virginia Hospital came into existence. The Home for Incurables, The Eye, Ear and



ST. LUKE'S HOSPITAL

Throat Infirmary, and an all-free hospital, The Sheltering Arms, founded by Miss Rebecca Peterkin. Then came The Hygeia for Nervous Diseases, private sanatorium of Dr. J. Allison Hodges. Next in order, in the very recent past, the Johnston-Willis Hospital, sanatorium of Drs. Johnston and Willis; St. Elizabeth, Dr. J. Shelton Horsley; Grace Hospital, Drs. MacLean and Bryan; Stewart Circle Hospital, Drs. Lewis and Robert Bosher, Baughman, Call, Miller and Robins, and the neurological sanatorium of Dr. Beverly Tucker. All of these hospitals are doing advanced and creditable work and draw much patronage from Virginia and other Southern States. Recently the city of Richmond has taken over



UNIVERSITY COLLEGE OF MEDICINE, CONSOLIDATED WITH THE MEDICAL COLLEGE OF VIRGINIA

the Virginia Hospital, renovating and improving it and establishing a modern city free hospital. All of these hospitals, except St. Elizabeth, have training schools for nurses, the latter giving a limited number of nurses post-graduate training only. In 1861, indeed, until 1893, there was only one medical school, The Medical College of Virginia. This college was founded in the early forties as the Medical Department of Hampden-Sidney College, but in the early fifties a disagreement between the faculty and Board of Visitors resulted in the faculty applying to the Legislature for an independent charter, which was granted, and it became a state institution under the title of the Medical College of Virginia, the State erect-

ing a college building, and just before the war a hospital. A hospital for slaves had previously existed in the college building. In 1893 the University College of Medicine was organized. Prior to this time the attendance was small, but, gradually growing, there were larger classes each year, showing a progressive advance in methods and the subjects taught. With the organization of the University College of Medicine the stimulus of competition as to methods and attendance came and keenest rivalry between the two schools, the resultant of which was a largely increased number of medical students in Richmond, making it one of the medical centers of the South,



THE NEUROLOGICAL SANATORIUM

each school making a creditable record. In 1912 the two schools were consolidated and plans laid for the most advanced methods to be carried out in its curriculum. At the close of the session of 1914 negotiations were on foot for the further consolidation of a North Carolina school, which were completed later on. The school is registered by the National Council as "Class A."

The Richmond Academy of Medicine and Surgery is the local society, and embraces in its membership most of the members of the profession in Richmond and a number from the adjoining counties. Soon after the civil war the Richmond Academy of Medicine was organized. About 1877 the Medical and Sur-



GRACE HOSPITAL

gical Society was formed by the withdrawal of a number of members from the Academy. The reason assigned was that too much prominence was given to medical ethics to the detriment of scientific discussion. This society existed for a number of years, but both societies began to languish, when, through the efforts of Dr. Hugh M. Taylor, of the Medical and Surgical, and the writer, from the Academy of Medicine, the two were brought together and the present society organized.

Richmond has a most admirably organized Board of Health, composed of two physicians and three citizens, the executive being a chief health officer, Dr. E. C. Levy, who by his good judgment and great ability in the discharge of the duties of the office has not only greatly improved the health conditions of the city, until now it is one of the healthiest in this



STEWART CIRCLE HOSPITAL

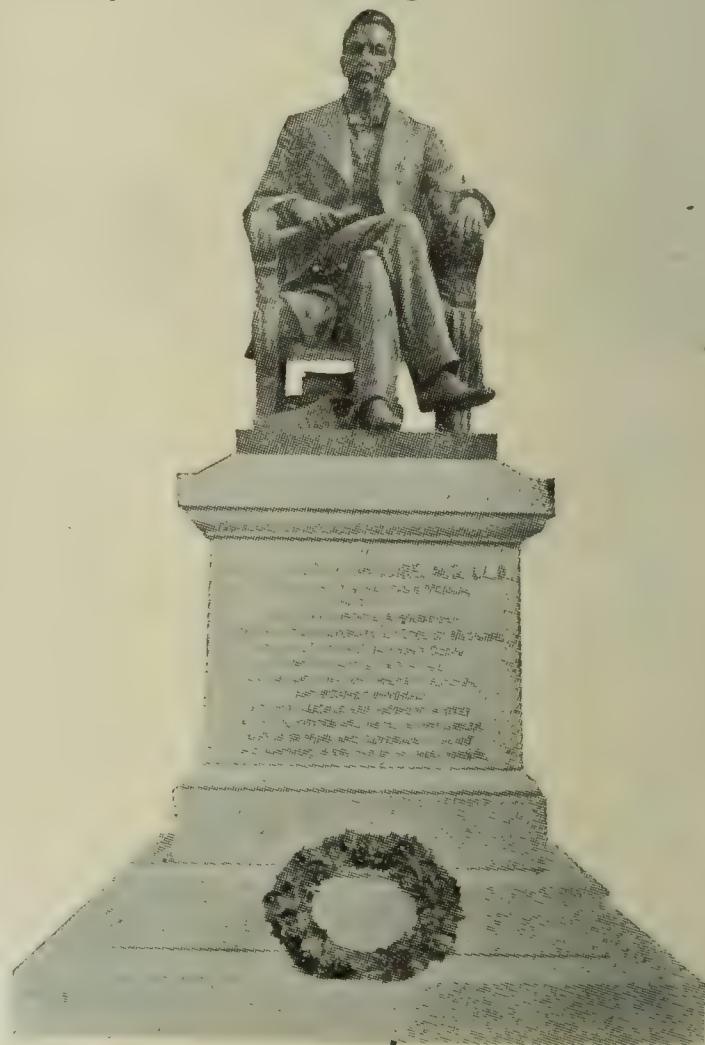


WESTBROOK SANATORIUM

country, but earned for himself the well-merited reputation of being one of the best sanitarians in this country. Space does not allow a discussion of the personnel of the profession now actively at work in the city. Suffice it to say that they are alert and progressive and earnest in the effort to advance the progress of medicine. Of those who have shed lustre on the Richmond profession in the past a few names should be mentioned. Notable among them were Drs. Dean and John Cunningham. None were more beloved than the devoted, indefatigable and God-fearing Dean. In season and out he ministered to these people, won their confidence and love. When old age crept upon him and nature demanded payment of her debt, like a warrior taking his rest, he gathered his mantle about him and laid down to sleep as if to pleasant dreams.

Sturdy, honest and devoted was John A. Cunningham, the warm personal friend of Dr. Dean. No less honored, and his name a household word, he has left behind him the heritage of an upright and earnest life. Contemporaries of these were the polished and courtly Robert Haxhall, the venerable John Dove, the most distinguished Mason of his day in Virginia; the accomplished and skilled physician, James Beale, the quiet, dignified and big-hearted Albert Snead, withal, too, the humble-minded and devoted Christian; the modest and able and consecrated man, Orlando Fairfax, the brilliant and learned Levin S. Joynes, Grattan Cabell, Robert T. Coleman,

J. S. Dorsey Cullen, Francis D. Cunningham; that noble old Roman, W. W. Parker, of broadest charity and most unselfish devotion to humanity, distinguished, too, as the dauntless commander, during the civil war, of Parker's battery of artillery. He was the founder of the Magdalen Home. Drs. James B. McCaw and O. A. Crenshaw and a host of others might be mentioned did space permit—men of highest character and earnest endeavor in humanity's cause. And last but not least come two other names, Dr. Hunter McGuire, the most distinguished member of the profession of his day in the South. He came to Richmond as Professor of Surgery in the Medical College of Virginia in the prime of early manhood. Medical director of Stonewall Jackson's corps, ex-President of the American Medical Association, his State and local societies, ambitious, intelligent, aggressive, indefatigable, original and magnetic, with a wonderfully intuitive knowledge of human nature,



STATUE OF DR. HUNTER M'GUIRE IN CAPITOL GROUNDS

he enlisted the confidence, loyalty and devotion of his patients rarely equalled and never excelled. He had the distinction of being the first surgeon in this country to ligate the abdominal aorta (see American Journal of the Medical Sciences, October, 1868.) He was the founder of the University College of Medicine.

Dr. John G. Skelton, whom none could know and not love, in every sense of the word God's noblest creation, a man spiritually, mentally, professionally, illustrating all the virtues which go to make up a lovely life. An honor to his profession, a skillful, painstaking and successful practitioner, after a well-spent life he fell asleep.

Such is an outline of Richmond's medical history. The Southern Medical Association



ST. PAUL'S CHURCH, WHERE WORSHIPPED JEFFERSON
DAVIS AND ROBT. E. LEE.

is coming to Richmond. May its members learn to know and love those members of the profession who are actively at work today in this city in the cause of medical progress and for the help and betterment and prevention of the ills of humanity, may they be upbuilt and strengthened by the coming session of this association, more determined to lift higher and higher the standard of the profession above the plane of sordidness, selfishness and commercialism, realize its awful responsibilities, and

Go, join head, heart and hand,
Active and firm to fight the bloodless fight
Of Science, Freedom and the Truth in Christ.

1102 W. Franklin St.



MEDICAL COLLEGE OF VIRGINIA



STATUE OF HENRY CLAY

RICHMOND.

Perhaps no other city in the Southern States holds so many memories embalmed in its very name as does Richmond. It is the very soul of Virginia, that commonwealth whose children proclaim her parentage with a pride like that of one who boasts of descent from royalty. Everywhere when a Virginian meets another Virginian they fraternize in an alliance of mutual admiration.

It has ever been so, even when the days of stern misfortune or glittering romance landed men of good family upon her shores. Her history is full of romance from the day when the prosaic name of Smith was immortalized

by the unrequited love of Pocahontas to that fateful Sunday when the superb defense of the Confederacy expired of inanition, and the devoted chieftain, bowed with sorrow and despair, gloomily departed from Richmond, the capital whence for four wonderful years he had directed the operations of the armies he had created from a peaceful citizenry. It really seems that nought but that which is great can come from or affiliate with Richmond. Her historic buildings conserve the memories of some of our country's greatest

ators and Representatives of the seven seceded States, nor ceased their efforts until a desolate peace recalled them to their desolated homes. From those homes, now rehabilitated, come, this month, their descendants who have chosen as their token the scalpel instead of the sword, to discuss measures for the protection of their fellow-citizens against enemies who beat no drum and sound no trumpet, but sap the lifeblood in secret and in silence.

At some distance from the capitol stands the church of St. John's parish, surrounded



WASHINGTON MONUMENT IN CAPITOL GROUNDS

men. Here stands the State Capitol, a noble building of purest Grecian architecture, within whose walls have rung the voices of men whose names are immortal. Here, in the rotunda, stands the statue of Washington, executed from the living man by the famous French sculptor, Houdin, whose opportunity for close study of his subject, joined to his matchless ability, enabled him to create in marble an image of the great Virginian lifelike and true, full of somber dignity and power. Only the painting in Faneuil Hall can approach its nobility of expression. In this historic hall sat, for four titanic years, the Sen-

ators and Representatives of the seven seceded States, nor ceased their efforts until a desolate peace recalled them to their desolated homes. From those homes, now rehabilitated, come, this month, their descendants who have chosen as their token the scalpel instead of the sword, to discuss measures for the protection of their fellow-citizens against enemies who beat no drum and sound no trumpet, but sap the lifeblood in secret and in silence.

At some distance from the capitol stands the church of St. John's parish, surrounded

pray for a success that Superior Wisdom withheld. Their graves, in Hollywood Cemetery, are shrines where loving memories cluster and faithful hearts still bring flowers as testimonials.

The city is full of statues worthy of study, including those of Washington, Lee, "Stonewall" Jackson and J. E. B. Stewart, the dashing cavalier who could sing a love song to the accompaniment of his guitar as he rode into battle, and then draw his saber and, urging his men to "use the point," lead the des-

is not upon such attractions alone that Richmond relies to incline people to partake of her hospitality. So thoroughly has she recovered from the devastation of war and the blight of reconstruction that in the last fourteen years she has nearly doubled in population. Her industrial undertakings have grown amazingly. Some of her enterprises, such, for instance, as the American Tobacco Company, have assumed enormous proportions, that company alone employing between 8,000 and 9,000 persons in the city. The plant of the Ameri-

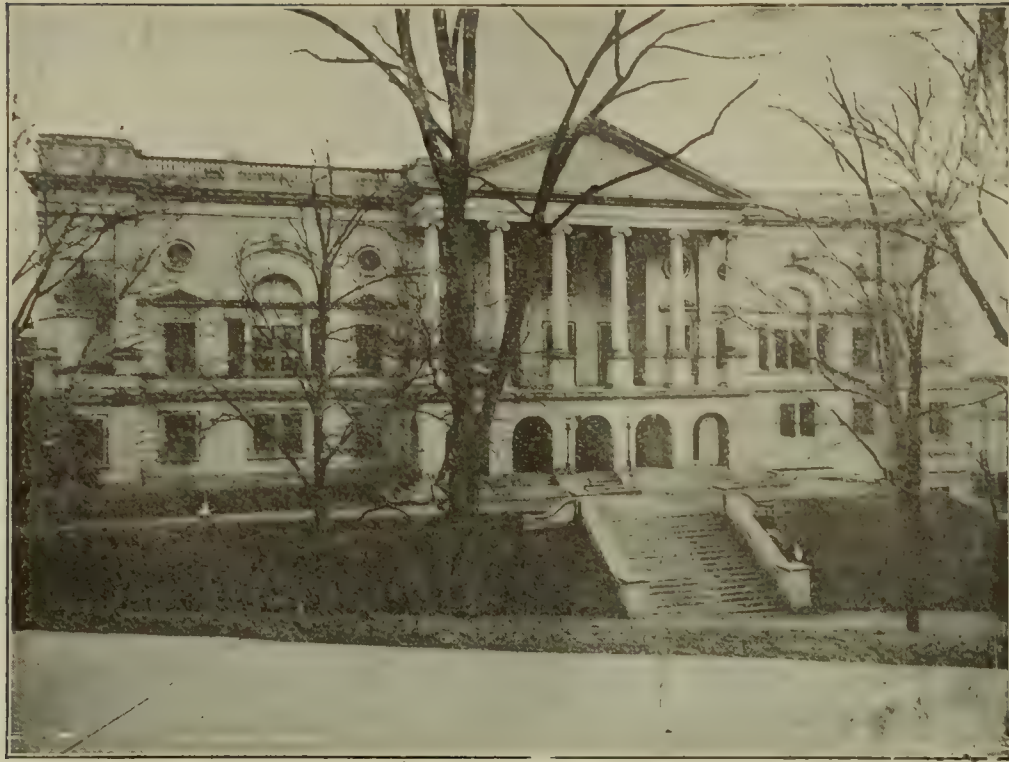


JEFFERSON DAVIS MONUMENT

perate charge. Here, too, lived Chief Justice Marshall, the man who, more than any other, harmonized the apparently conflicting elements of the Constitution of the United States and showed that it was an instrument of almost supernatural wisdom for the conditions it was intended to control.

But though such memories and such a history are calculated to arouse and stimulate all that is ideal and patriotic in the soul of one who is a Southerner and an American; and though they will powerfully incline every Southern physician to embrace the present opportunity to visit these historic scenes, it

can Locomotive Company, here located, makes and ships the largest locomotives in the world. In all there are some 2,000 plants. Its wholesale trade amounts to \$80,000,000, a figure which tells a tale of unequalled prosperity, springing from nothing during less than half a century. Its great importance as a business center is so clearly recognized by the national authorities that one of the twelve Federal reserve banks has been located there. No greater proof of its importance could be given. But physicians will be more interested in the position that medicine occupies in Richmond than in some of the other features that have



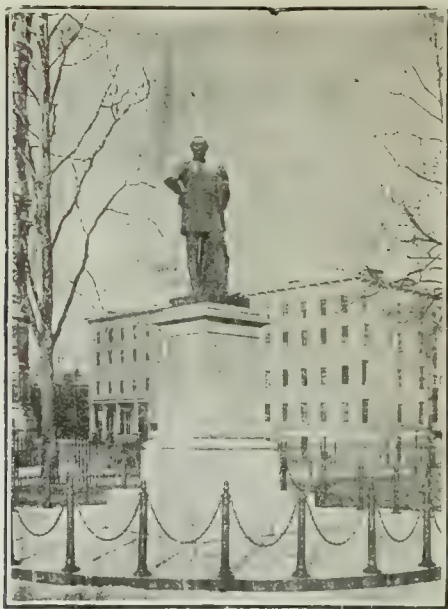
STATE LIBRARY BUILDING

been mentioned. To give a list of the famous doctors who have made their homes in this lovely city would require more opportunity for an investigation, without which injustice would be done, but it is not invidious to say that the name of Hunter McGuire is held in respectful and affectionate memory by thousands of doctors all over the South.

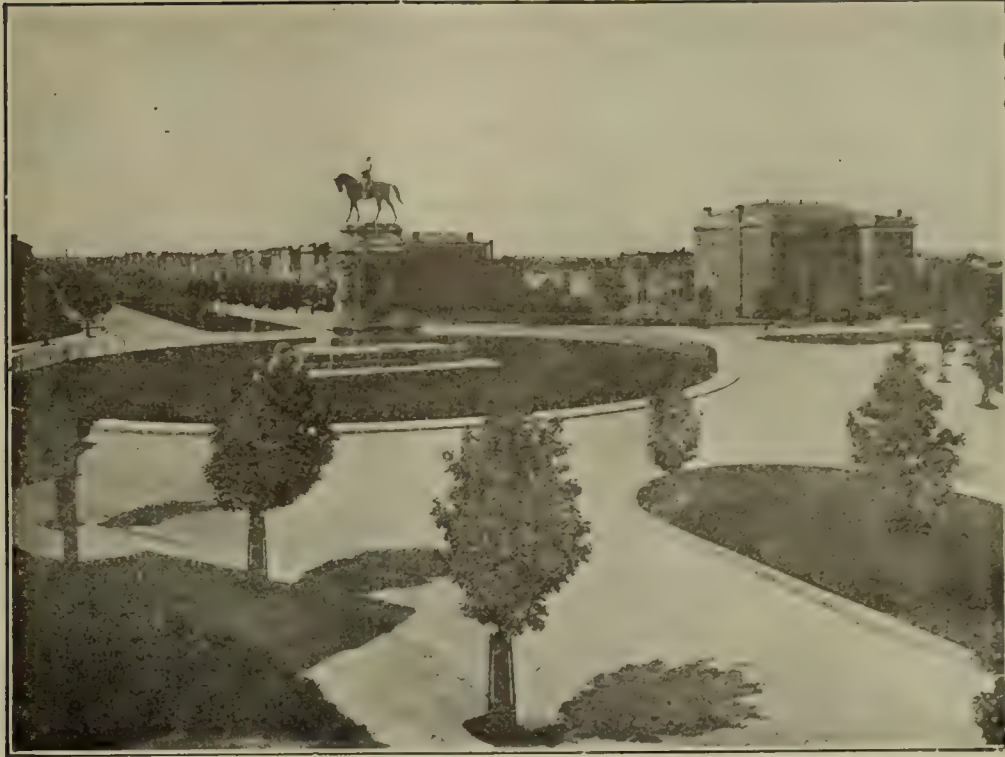
The Medical College of Virginia represents the consolidated medical schools of Richmond, and has also taken over the Medical

College of North Carolina, formerly located at Charlotte. It opened in September with 500 students, though many applicants were rejected for lack of proper qualifications. No other city can boast of better equipped and more skilfully served hospitals and sanitariums than Richmond, and the State has recently appropriated \$10,000 to the Memorial Hospital, while a splendid training school for nurses is a feature worthy of mention. They alone are worth the pilgrimage of observation, and every doctor who visits Richmond should make a point of seeing the work of these institutions, especially on such an occasion as the meeting of the Southern Medical Association.

The facilities for reaching Richmond are ample. It is not dependent upon any one line of railroad for its prosperity and hence escapes the unfair impositions that some other cities less favorably situated must submit to. The Chesapeake & Ohio, the Norfolk & Western, the Southern, the Seaboard Air Line, the Atlantic Coast Line, and the Richmond & Washington Air Line give ingress from every direction, so that with the regulating power of water transportation always imminent the



STATUE OF "STONEWALL" JACKSON



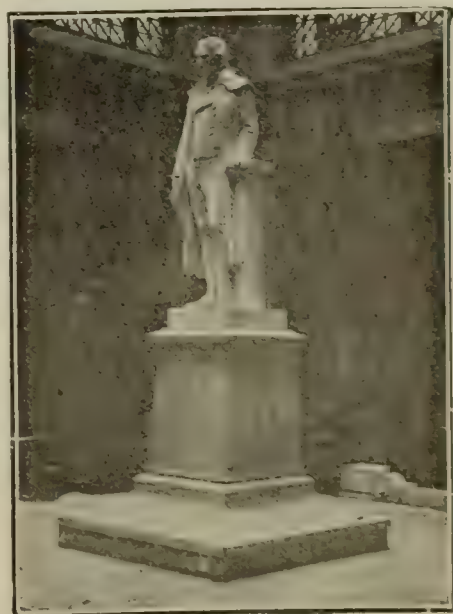
LEE CIRCLE, MONUMENT AVENUE—STATUE OF ROBT. E. LEE

city is safe from extortion. To Southern men one point of great interest is the Confederate Museum, entirely the work of Southern women.

The "White House of the Confederacy," occupied by Jefferson Davis until the surrender, has been made the repository of many interesting mementoes, such as the uniform worn by General Lee when he surrendered to General Grant; autographs of many famous generals; the suit worn by Jefferson Davis when he was captured, and war relics from all over the South. The visitor to Richmond today cannot fail, in the light of its history, to be impressed with the number and high character of the monuments erected to eminent men. In parks, in squares, in the "Circle," scattered through the noble Hollywood Cemetery, everywhere they tower above their surroundings as the men they commemorate were elevated in character and deeds above their fellows; and it is a source of wonder that most of them have been erected by an impoverished people in the brief period since the repressive hand of "reconstruction" was lifted from the throat of enterprise. Equally remarkable are the public buildings, the

churches, colleges and hospitals, all sprung from the ashes of desolation but a few years ago. Scattered through this article are engravings illustrating various matters referred to in the text as well as some not spoken of. They help to visualize the descriptions and give a faint idea of the attractive features today presented by "the convention city of the South."

Such is Richmond today. Seated upon her seven hills, at the foot of a gigantic water-



THOMAS JEFFERSON

power, with the James River as an open door to the Atlantic, with regular steamship lines to distant ports, with 300 miles of urban and interurban trolley lines, surrounded by a rich and varied country that pours its diversified crops into her lap over seven railways, with the banner of education waving over all, she holds forth the beckoning hand of hospitality and invites as her guests the organized conventions of modern civilization. It is now our

turn, as Southern physicians, to enjoy that hospitality, to gaze with reverent eyes upon the mementoes of a great past and to join with the brethren from all over our favored land in demonstrating our appreciation of her past and present and our faith in her future. So let us strain every nerve to go to the November meeting and participate in the good work.

"On to Richmond!"

"All roads lead to Richmond!"

PROGRAM of THE SOUTHERN MEDICAL ASSOCIATION

EIGHTH ANNUAL MEETING, RICHMOND, VIRGINIA,
NOVEMBER 9-12, 1914

PROGRAM OF ENTERTAINMENTS

(Official badges for members and guests will be required for admission.)

Monday at 9:30 p. m. Smoker by the Richmond Academy of Medicine at Jefferson Hotel.

Tuesday at 9:00 p. m. Reception by Dr. Stuart McGuire, President of the Southern Medical Association, at the Commonwealth Club, to the Association members and guests.

Wednesday at 9:30 p. m. Reception by Richmond Academy of Medicine at the Jefferson Hotel.

Special entertainments during the days will be provided for the ladies, including receptions, luncheons and automobile rides. Announcements later.

SPECIAL MEETINGS

Tuesday at 5:30 p. m. Second Annual Session of the Association of Southern Medical Women will be held in the Ladies' Parlor of the Jefferson Hotel.

Tuesday at 6:00 p. m. Alumni Reunions (Announcements for meeting places for the Alumni of the various colleges will be made by the Chairmen of the Sections.) The Alumni dinners will be arranged for Wednesday at 6:00 p. m.

Wednesday at 5:00 p. m. Conference of Presidents and Officers of the Medical Associations of the Southern states, J. S. Ullman, Natchez, Miss., President Mississippi State Medical Association, Chairman.

MONDAY, NOVEMBER 9, 8:30 P. M.

Public Session, Auditorium Jefferson Hotel.

Chairman's Address: "The Public Health," Ex-Governor Cunningham, Birmingham, Ala.

Address: "The Wealth of Health," Harvey W. Wiley, Washington, D. C.

TUESDAY, NOVEMBER 10, 10:00 A. M.

Public Session, Auditorium Jefferson Hotel.

Call to order by Chairman of Committee on Arrangements, McGuire Newton.

Invocation.

Address of Welcome in behalf of State of Virginia, Hon. J. Taylor Ellyson, Lieutenant-Governor of Virginia.

Address of Welcome in behalf of City of Richmond, Hon. Geo. Ainslie, Mayor of Richmond.

Address of Welcome in behalf of the Medical Profession of Richmond and Virginia, Jos. A. White.

Response to Addresses of Welcome in behalf of the Southern Medical Association, Frank A. Jones, Memphis, Tenn.

Report of Committee on Arrangements.

President's Address: "The Profit and Loss Account of Modern Medicine," Stuart McGuire, Richmond, Va.

Oration on Medicine: "The Importance of Simpler Methods of Physical Examination in Medicine," W. S. Thayer, Baltimore, Md.

Oration on Surgery: "Surgical Comments—Chiefly Personal," John A. Wyeth, New York, N. Y.

Report of Councilors.

Report of Secretary-Treasurer.

TUESDAY, NOVEMBER 10, 8:00 P. M.

Public Session, Auditorium Jefferson Hotel

Address: "The Family Physician—a Tribute to the Old Type That is Passing," Cary T. Grayson, Surgeon U. S. Navy, Washington, D. C.

Address: "Radio-Therapy," (Light phenomena

and Chemistry; Its Effect on Medical Progress," Geo. H. Simmons, General Manager American Medical Association, Chicago, Ill.

Address: "Cancer of the Breast," (lantern slides), W. L. Rodman, President of American Medical Association, Philadelphia, Pa.



MAIN STREET, LOOKING EAST

and lantern slides), Howard A. Kelly, Baltimore, Md.

WEDNESDAY, NOVEMBER 11, 8:00 P. M.

Public Session, Auditorium Jefferson Hotel

Address: "Anti-Plague Campaign in New Orleans" (Illustrated), Rupert H. Blue, Surgeon General, U. S. Public Health Service, Washington, D. C.

Address: "The Work of the Council on Pharmacy

THURSDAY, NOVEMBER 12, 11:00 A. M.

General Session, Auditorium Jefferson Hotel.

Report of Nominating Committee.

Report of Councilors.

New Business.

Unfinished Business.

Election of Officers.

Selection of place for 1915 meeting.

EXCERPTS FROM THE BY-LAWS.

Sec. 3. Except by special vote, the order of exercises, papers and discussions as set forth in the official program shall be followed from day to day until it has been completed, and all papers omitted will be recalled in regular order.

Sec. 4. No address or paper before the Association, except the addresses of the President and orator, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes nor more than one time on any subject, provided each essayist be allowed ten minutes in which to close the discussion.

Sec. 5. All papers read before the Association shall be the property of the Association for publication in the official journal. Each paper shall be deposited with the Secretary when read, or within ten days thereafter, and if this is not done it shall not be published.

No papers shall be published except upon recommendation of the Publication Committee, which shall consist of the Secretary-Treasurer as Chairman, with the Chairman and Secretary of each section as its constant members.

REGISTRATION.

The Registration Bureau will be located in the front lobby of the Jefferson Hotel, where badges, programs and invitations to social functions will

be issued. All physicians are urged to register as soon as they arrive in the city.

The Information Bureau and Convention Post Office will be in connection with the Registration Bureau. Competent persons will be in charge to give any information or serve the visiting doctors in any way possible. Ask anything you want to know. Mail and telegrams sent care Association will have best attention.

Be sure to Register.

SCIENTIFIC AND COMMERCIAL EXHIBITS.

The Commercial Exhibits will be located in the large front lobby of the Jefferson Hotel and in four rooms adjoining. There will be more exhibits at this meeting than at any previous meeting. These exhibits offer the physicians wonderful opportunities to see the latest of everything that he is vitally interested in. The exhibits are instructive. You owe it to yourself to become informed on these matters. You will find the demonstrators willing to answer any questions you may wish to ask.

Arrangements are being made for some very interesting scientific exhibits. Two of special interest to Southern physicians will be that of the Robert M. Thompson Pellagra Commission of Spartanburg, South Carolina, and Tulane School of Tropical Medicine, New Orleans, La.



MARSHALL PARK AND CONFEDERATE SOLDIERS' AND SAILORS' MONUMENT, FRANKLIN STREET,
BETWEEN 27TH AND 29TH

SECTION ON MEDICINE.

Meets in Jefferson Hotel—Auditorium.

Officers of Section.

Chairman: Robt. Wilson, Jr., Charleston, S. C.
 Vice-Chairman: Wm. Leroy Dunn, Asheville, N. C.
 Secretary: Randolph Lyons, New Orleans, La.
 Stenographer: Mr. William Whitford, Chicago, Ill.

TUESDAY, NOVEMBER 10, 2:30 P. M.

Chairman's Address, "Some Medical Aspects of the American Negro," Robert Wilson, Jr., Charleston, S. C.

Symposium on Tuberculosis.

"Early Diagnosis of Tuberculosis, the Essential Factor in Prevention and Cure," Charles H. Cocke, Asheville, N. C.
 "The Significance of the von Pirquet Test," Thompson Frazer, Asheville, N. C.
 "State Policies in the Management of Tuberculosis," W. S. Rankins, Raleigh, N. C.
 "The Federal Government and Our Tuberculosis Problem," G. M. Cooper, Clinton, N. C.
 "Tuberculosis Sanatoria in the South (County, District, State)," J. J. Loyd, Catawba Sanatorium, Va.
 "Treatment of Pulmonary Tuberculosis by Artificial Pneumothorax," C. L. Minor, Asheville, N. C.

"The Pleural Effusions of Artificial Pneumothorax," M. E. Lapham, Highlands, N. C.

Discussion of Symposium opened by L. B. McBrayer, Sanatorium, N. C.; W. S. Leathers, University, Miss.; C. W. Stiles, Wilmington, N. C.; Martin F. Sloan, Towson, Md.; P. P. McCain, Aberdeen, N. C.; Chas. L. Minor, Thompson Frazer, W. L. Dunn, Silvo von Ruck, Asheville, N. C.

"Duodenal Alimentation," Camp Stanley, Washington, D. C.

Discussion opened by J. Clarence Johnson, Atlanta, Ga.; W. O. Nisbet, Charlotte, N. C.

"The Causes of Indigestion—a Study of 1,000 Cases," Douglas VanderHoof, Richmond, Va.

Discussion opened by Seale Harris, Mobile, Ala.

WEDNESDAY, NOVEMBER 11, 9:30 A. M.

Symposium on Syphilis.

"Syphilis of the Heart," S. R. Roberts, Atlanta, Ga.

"Concerning Syphilis in the American Negro," K. M. Lynch, B. K. and G. F. McInnes, Charleston, S. C.

"Syphilis of the Nervous System," J. P. Munroe, Charlotte, N. C.

"The Treatment of Syphilis," E. H. Martin, Hot Springs, Ark.

"Etiology and Treatment of Tabes Dorsalis and Paresis," Estill D. Holland, Hot Springs, Ark.

"Atypical Neurological Syphilis," Beverley R. Tucker, Richmond, Va.



CONFEDERATE MUSEUM



RICHMOND COLLEGE

"The Influence of Modern Syphilis Therapy of the Nervous System from a Biologic Point of View," Wm. Litterer, Nashville, Tenn.

"Public Health Aspect of Syphilis," A. H. Cock, Hot Springs, Ark.

"The Hospital in Its Relation to Venereal Diseases," Isadore Dyer, New Orleans, La.

Discussion of Symposium opened by I. N. Bloom, Louisville, Ky.; Joseph Hume, New Orleans, La.; E. G. Ballenger, Atlanta, Ga.; C. W. Barron, Columbia, S. C.; C. T. Drennen, Hot Springs, Ark.; C. P. Meriwether, Little Rock, Ark.; J. K. Hall, Richmond, Va.; Tom Williams, Washington, D. C.; Perry Bromberg, Nashville, Tenn.

"Moving Picture Illustration of Nervous and Mental Diseases," T. H. Weisenburg, Philadelphia, Pa.

Discussion opened by Beverley R. Tucker, Richmond, Va.

"Heart Arrhythmias," E. C. Thrash, Atlanta, Ga.

"The Prime Importance of the Muscle in the Study of Heart Disease," J. S. McLester, Birmingham, Ala.

Discussion opened by L. F. Barker, Baltimore, Md.; Seale Harris, Mobile, Ala.; E. M. Mason, Birmingham, Ala.

"The Heart in Common Types of Liver Diseases," Alexander G. Brown, Jr., Richmond, Va.

Discussion opened by J. C. Flippin, Charlottesville, Va.; J. G. Nelson, Richmond, Va.

of Malaria—a Preliminary Note," H. R. Carter, U. S. P. H. S., Washington, D. C.

"Some Malarial Cases, Estivo-Autumnal, Treated with Quinine Intravenously," T. E. Wright, Monroe, La.

Report of Malaria Commission of Southern Medical Association.

Discussion of Symposium opened by Surgeon General W. C. Gorgas, United States Army, Washington, D. C.; W. S. Thayer, Baltimore, Md.; W. H. Deaderick, Hot Springs, Ark.; W. S. Rankin, Raleigh, N. C.; James A. Hayne, Columbia, S. C.; W. E. Driver, Norfolk, Va.; J. E. Paullin, Atlanta, Ga.

"Filarial Infection," F. B. Johnson, Charleston, S. C.

Discussion opened by C. C. Bass, New Orleans, La.; Allan J. Smith, Philadelphia, Pa.

"The Diagnosis of Diseases Associated with Splenomegaly," W. H. Deaderick, Hot Springs, Ark.

Discussion opened by J. B. McElroy, Bryce Fontaine, Memphis, Tenn.

"Report of Fifty Cases of Infection with Intestinal Parasites, with an Attempt to Study Some Symptoms Caused by Them," H. L. McNeil, Houston, Texas.

Discussion opened by Randolph Lyons, New Orleans, La.; W. B. Thorning, Houston, Tex.

WEDNESDAY, NOVEMBER 11, 2:30 P. M.

Symposium on Malaria.

"Malaria," C. C. Bass, New Orleans, La.

"The Treatment of Malaria," G. E. Henson, Jacksonville, Fla.

"A Plan for a Campaign Against Malaria," L. O. Howard, Bureau of Entomology, Washington, D. C., represented by Mr. D. L. Van Dine.

"The Effects of Impounded Water in Production



HOME OF CHIEF JUSTICE JOHN MARSHALL



JEFFERSON HOTEL, THE CONVENTION HEADQUARTERS

"Emetine in Amebiasis and Other Affections,"

Randolph Lyons, New Orleans, La.

Discussion opened by William Allen, Charlotte, N. C.

THURSDAY, NOVEMBER 12, 9:30 A. M.

"A Plea for More Study to Be Given the Subject of Pediatrics," W. A. Mulherin, Augusta, Ga.

Discussion opened by Wm. Weston, Columbia, S. C.; John Howland, Baltimore, Md.; Clarence A. Rhodes, Atlanta, Ga.

"Pyloric Obstruction: Stenosis and Spasm. Moving Pictures Showing Peristaltic Waves of Stomach," L. D. DeBuys, New Orleans, La.

Discussion opened by J. Ross Snyder, Birmingham, Ala.; James D. Love, Jacksonville, Fla.

"Some Reasons Why Our Southern Pediatricists Should Organize," Clarence A. Rhodes, Atlanta, Ga.

Discussion opened by McGuire Newton, Richmond, Va.; William Weston, Columbia, S. C.

"Henoch's Purpura in Early Life," William Weston, Columbia, S. C.

Discussion opened by J. D. Love, Jacksonville, Fla.; W. A. Mulherin, Augusta, Ga.

"Report of an Unusual Attempt at Suicide with Brain Injury and Recovery," Robt. S. Carroll, Asheville, S. C.

Discussion opened by W. L. Dunn, Asheville, N. C.; Beverley R. Tucker, Richmond, Va.

11:00 a. m. General Session—Election of officers, etc.

THURSDAY, NOVEMBER 12, 2:30 P. M.

"The Present Status of Blood Pressure," Frank A. Jones, Memphis, Tenn.

Discussion opened by J. B. Elliott, New Orleans, La.; C. T. Drennen, Hot Springs, Ark.

"Neuroses in Their Relation to Chronic Infections," J. A. Hodges, Richmond, Va.

Discussion opened by F. H. Clarke, Lexington, Ky.; W. S. Gordon, Richmond, Va.; J. P. Monroe, Charlotte, N. C.

"The Management of Functional Nervous Affections; Modern Methods Illustrated," Tom A. Williams, Washington, D. C.

Discussion opened by Curran Pope, Louisville, Ky.; Beverley R. Tucker, Richmond, Va.

"Southern Health Resorts," George D. Kahlo, White Sulphur Springs, W. Va.

Discussion opened by Guy Hinsdale, Hot Springs, Va.; Chas. Minor, Asheville, N. C.; C. T. Drennen, Hot Springs, Ark.



OLD STONE HOUSE, WASHINGTON'S REPUTED HEAD-QUARTERS

"Experimental Work in the Drug Treatment and Prevention of Rabies in Animals," F. A. Coward, Columbia, S. C.
 Discussion opened by J. A. Hayne, D. L. Harris, Columbia, S. C.
 Election of Officers.

SECTION ON PUBLIC HEALTH.

Conference of Public Health Officials of the United States.

Meets in Jefferson Hotel—Parlor A.

Officers of Section.

Chairman: R. M. Cunningham, Birmingham, Ala.
 Vice-Chairman: A. T. McCormack, Bowling Green, Ky.
 Secretary: W. S. Leathers, University, Miss.
 Stenographer: Miss A. M. Clendenen, Richmond, Va.



OLD PARISH CHURCH OF ST. JOHNS, BROAD AND TWENTY-FOURTH, GRACE AND TWENTY-FIFTH STREETS.
 IT WAS HERE THAT PATRICK HENRY
 MADE HIS FAMOUS SPEECH.

MONDAY, NOVEMBER 9, 9:30 A. M.

"Health, a National Asset," J. H. Florence, Houston, Texas.
 Discussion opened by Fred J. Mayer, Opelousas, La.; M. M. Carrick, Dallas, Texas.
 "The Present Status of the Local Health Administration—the Outlook," Oscar Dowling, New Orleans, La.
 Discussion opened by Ennion G. Williams, Rich-

mond, Va.; James A. Hayne, Columbia, S. C.
 "Some Observations and Suggestions Relative to Municipal Sanitation," W. H. Rowan, Jackson, Miss.
 Discussion opened by Chas. Caspari, Jr., Baltimore, Md.; P. W. Covington, Raleigh, N. C.
 "The Functions of the Layman in Promoting Public Health Work," L. L. Ludlow, Winston-Salem, N. C.
 "Sanitary Market Houses," Mosby G. Perrow, M. A., Ph. D., Lynchburg, Va.
 Discussion opened by Harvey W. Wiley, Washington, D. C.; Ennion G. Williams, Richmond, Va.
 "Medical Inspection of Rural Schools," R. K. Flannagan, Richmond, Va.
 "Some Special Phases of School Inspection—Methods and Advantages," J. L. Bowman, Union Springs, Ala.
 Discussion opened by J. M. Biedler, Harrisonburg, Va.; Rosa H. Gantt, Spartanburg, S. C.
 "Causation and Prevention of Infantile Paralysis," W. E. Wisdom, DeQueen, Ark.
 Discussion opened by Geo. C. Abel, Texarkana, Tex.; C. W. Garrison, Little Rock, Ark.

MONDAY, NOVEMBER 9, 2:30 P. M.

Symposium on Vital Statistics.

"The Importance of Vital Statistics to the South," Hon. W. J. Harris, Director of the U. S. Census Bureau, Washington, D. C.
 "Preparation Necessary for Putting Into Operation a Vital Statistics Law," H. H. Shoulders, Nashville, Tenn.
 "Difficulties Encountered in Securing Admission to the Registration Area for Deaths," W. A. Plecker, Richmond, Va.
 "Methods Used in Securing the Co-operation of Physicians," W. L. Heizer, Bowling Green, Ky.
 "Basic Principles of Organization," F. L. Watkins, Jackson, Miss.
 Discussion of Symposium opened by A. G. Fort, Atlanta, Ga.; James A. Hayne, Columbia, S. C.; W. S. Rankin, Raleigh, N. C.; Oscar Dowling, New Orleans, La.
 "Infection the Chief Cause of Infantile Diarrhoea," E. C. Levy, Richmond, Va.
 "The Prevention of Cancer," Richard N. Duffy, Newbern, N. C.
 "A Study of Public Health Administration in Two Hundred American Towns and Cities," M. M. Carrick, Dallas, Texas.

TUESDAY, NOVEMBER 10, 2:30 P. M.

Symposium on Tuberculosis With Section on Medicine.

WEDNESDAY, NOVEMBER 11, 9:30 A. M.**Symposium on Hookworm Disease.**

- "Diagnosis in Hookworm Disease," J. LaBruce Ward, Columbia, S. C.
- "Methods of Treating Hookworm Disease," A. G. Fort, Atlanta, Ga.
- "Immunity of the Negro to Hookworm Disease," Claude A. Smith, Atlanta, Ga.
- Discussion of Symposium opened by C. W. Stiles, U. S. Public Health Service, Wilmington, N. C.; J. A. Ferrell, Washington, D. C.; S. D. Porter, New Orleans, La.; C. W. Garrison, Little Rock, Ark.

Symposium on Pellagra.

- "Further Studies of the Robert M. Thompson Pellagra Commission—A Study of Personal Association Between Incident and Antecedent Cases as a Factor in the Etiology of Pellagra," Philip A. Garrison, U. S. Navy; and Paul A. Schule, New York, N. Y.
- "Pellagra, W. A. Dearman, Long Beach, Miss.
- "Pellagra Status in Panola County, Miss., with Remarks on Etiology and Treatment," G. H. Wood, Batesville, Miss.
- "Pellagra Treated with Cacodylate of Sodium—Report of Sixteen Cases," B. H. Booth, Drew, Miss.
- "An Unusual Condition of the Nails in Pellagra," W. C. Brownson, Asheville, N. C.
- "Etiology of Pellagra," Joseph L. Goldberger, U. S. Public Health Service, Washington, D. C.
- Discussion of Symposium opened by John Jelks, Memphis, Tenn.; W. S. Leathers, University, Miss.; E. J. Wood, Wilmington, N. C.; T. F. Conn, Monticello, Miss.; J. G. Gardner, Columbia, Miss.

WEDNESDAY, NOVEMBER 11, 2:30 P. M.**Symposium on Malaria With Section on Medicine.****THURSDAY, NOVEMBER 12, 9:30 A. M.**

- "Practical Experience with the Protozoan Test, as a Method of Improving Sanitation," C. W. Stiles, U. S. P. H. S., Wilmington, N. C.

Symposium on Typhoid Fever.

- "Prophylaxis of Typhoid Fever," Cary T. Grayson, Surgeon, U. S. Navy, Washington, D. C.
- "Typhoid Carrier; Detection and Relief," L. H. South, Bowling Green, Ky.
- "Municipal Control of Typhoid Fever," W. B. Foster, Roanoke, Va.
- "The Present Status of Typhoid Prevention in the Southern States," Allen W. Freeman, Richmond, Va.

- "The Necessity for and Means of the Proper Disposal of Human Excrement in the Prevention of Typhoid Fever and Diseases Caused by Intestinal Parasites," A. T. McCormack, Bowling Green, Ky.

Election of Officers.

11:00 a. m. General Session—election of officers, etc.

SOUTHERN ASSOCIATION OF RAILWAY SURGEONS.

Auxiliary to Southern Medical Association.
Meets in Jefferson Hotel—Palm Room.

Officers.

- President: Duncan Eve, Nashville, Tenn.
- Vice-President: Thos. H. Hancock, Atlanta, Ga.
- Secretary: Clarence H. Vaught, Richmond, Ky.
- Stenographer: Miss Ida Lamb, Charlotte, N. C.

MONDAY, NOVEMBER 9, 9:30 A. M.

- "Amputation of the Leg," Duncan Eve, Nashville, Tenn.
- "Treatment of Compound Fractures of the Leg," Thos. H. Hancock, Atlanta, Ga.
- "Railway Sanitation," Clarence H. Vaught, Richmond, Ky.
- "Treatment of Compound Fractures," E. Denegre Martin, New Orleans, La.
- "First Aid to the Injured," L. E. Burch, Nashville, Tenn.
- "The Instruction of Railway Employes in the Practical Application of First Aid to the Injured," J. M. Salmon, Ashland, Ky.
- "Skin Grafting," J. L. Crook, Jackson, Tenn.
- "The Central Nervous System in Its Relation to Certain Traumatic Affections," J. Norment Baker, Montgomery, Ala.

MONDAY, NOVEMBER 9, 2:30 P. M.

- "The More Common Injuries to the Eye in Railroad Employes, and the Treatment," J. A. Stucky, Lexington, Ky.
- "The Accomplishments in Railway Surgery," H. P. Linsz, Wheeling, W. Va.
- "A Simple Emergency Splint for the Local Railway Surgeons," Jcs. L. Miller, Thomas, W. Va.
- "Traumatic Neuroses," H. P. Cartwright, Bowling Green, Ky.
- "Goiter," Cooper Holtzelaw, Chattanooga, Tenn.
- "Report of Cases of Fracture of the Femur," W. F. Huntsman, Lexington, Tenn.
- "Report of Case of Compound Communicated Fracture of the Leg," T. M. Harper, Dickson, Tenn.
- "Conservatism in Some Railway Injuries," A. G. Little, Valdosta, Ga.

"Report of a Case," C. V. Stevenson, Centerville, Tenn.
Election of Officers.

SECTION ON SURGERY.

Meets in Jefferson Hotel—Palm Room.

Officers of Section.

Chairman: P. C. Perry, Jacksonville, Fla.
Vice-Chairman: Isidore Cohn, New Orleans, La.
Secretary: John H. Blackburn, Bowling Green, Ky.
Stenographer: Miss Ida Lamb, Charlotte, N. C.

TUESDAY, NOVEMBER 10, 2:30 P. M.

Chairman's Address, P. C. Perry, Jacksonville, Fla.
"Gunshot Wounds of the Abdomen," Cunningham Wilson, Birmingham, Ala.
Discussion opened by J. G. Gaither, Hopkinsville Ky.
"Penetrating Gunshot Wounds of the Abdomen," LeGrand Guerry, Columbia, S. C.
"What the Civil Surgeon Can Do for Military Surgery in Time of Peace," Joseph C. Bloodgood, Baltimore, Md.
Discussion opened by Surgeon General W. C. Gorgas, U. S. A., Washington, D. C.
"Threatened and Real Gangrene of the Extremities as Seen by the Modern Surgeon: Its Causes and Treatment," B. M. Bernheim, Baltimore, Md.
Discussion opened by Le Grand Guerry, Columbia, S. C.; Cunningham Wilson, Birmingham, Ala.
"The Importance of Destruction of the Cervical Mucosa in Subtotal Hysterectomy as a Cancer-Preventing Measure," George T. Tyler, Greenville, S. C.
Discussion opened by Gerry R. Holden, Jacksonville, Fla.; Stuart McGuire, Richmond, Va.; Guy L. Hunner, Baltimore, Md.
"Tetany Following Partial Thyroidectomy," George Ben Johnston and S. W. Budd, Richmond, Va.
"Observations on Pituitary Extract," J. M. H. Powland, Baltimore, Md.
Discussion opened by J. Whitbridge Williams, Baltimore, Md.; L. M. Allen, Winchester, Va.; Fred W. Wilkerson, Montgomery, Ala.
"The Use of a Clamp in the Removal of Vesical Tumors," Carroll W. Allen, New Orleans, La.
Discussion opened by Hugh H. Young, Baltimore, Md.; T. C. Holloway, Memphis, Tenn.

WEDNESDAY, NOVEMBER 11, 9:30 A. M.

"The X-ray as an Aid in the Diagnosis and Treat-

ment of Fractures," J. P. Runyan, Little Rock, Ark.

"Repair of Fractures From an Experimental Viewpoint" (lantern slides), Isidore Cohn, New Orleans, La.

"The Operative Treatment of Fractures" (lantern slides), J. Wesley Long, Greensboro, N. C.

"The Treatment of Fractures of the Neck and Upper Third of the Femur in the Aged," E. Dunbar Newell, Chattanooga, Tenn.

"Treatment of Ununited Fractures," Hugh H. Trout, Roanoke, Va.

Discussion opened by R. L. Payne, Jr., Norfolk, Va.; J. S. Horsley, Richmond, Va.; Duncan Eve, Nashville, Tenn.; J. M. Mason, Birmingham, Ala.; J. S. Irvin, Danville, Va.; J. D. Helms, Tampa, Fla.

"Cases Illustrating Orthopedic Treatment of Some of the Disabilities Resulting from Infantile Paralysis; Moving Picture and Lantern Slide Demonstration," Michael Hoke and Fred G. Hodgson, Atlanta, Ga.

Discussion opened by W. C. Campbell, Memphis, Tenn.; E. L. Scott, Birmingham, Ala.; John D. Trawick, Louisville, Ky.

"Pathology and Treatment of Cutaneous Cancer," Henry H. Hazen, Washington, D. C.

Discussion opened by J. C. Bloodgood, Baltimore, Md.

"Early Diagnosis of Cancer of the Rectum," E. H. Terrill, Richmond, Va.

Discussion opened by Samuel T. Earle, Baltimore, Md.; J. L. Jelks, Memphis, Tenn.

WEDNESDAY, NOVEMBER 11, 2:30 P. M.

Symposium on Abdominal Surgery.

"The Acute Surgical Abdomen," Floyd W. McRae, Atlanta, Ga.

"The Clinical Significance of Abdominal Pain," Rufus E. Fort, Nashville, Tenn.

"Indications for Operative Interference in Gastric and Duodenal Ulcers" (lantern slides), W. F. Westmoreland, Atlanta, Ga.

"Operative Interference in Gastric and Duodenal Ulcer," Louis Frank, Louisville, Ky.

"The Technic of Intestinal Suturing" (with lantern slides), J. Shelton Horsley, Richmond, Va.

"Importance of the Sigmoid Adhesion" (lantern slides), H. A. Royster, Raleigh, N. C.

"The Relation Between Surgical Infections of the Gastro-Intestinal Tract and Asthma—A Preliminary Report," J. S. Ullman, Natchez, Miss.

"Choice of Operation in Intestinal Obstruction," Joseph Graham, Durham, N. C.

Discussion of Symposium opened by Steven H.

Watts, University, Va.; H. R. Shands, Jackson, Miss.; G. H. Bunch, Columbia, S. C.; Wm. C. Gewin, Birmingham, Ala.; S. S. Gale, Roanoke, Va.; J. W. Long, Greensboro, N. C.; D. C. Barrow, Lexington, Ky.; W. D. Haggard, Nashville, Tenn.; H. P. Cole, Mobile, Ala.; George Ben Johnson, Richmond, Va.; W. W. Crawford, Hattiesburg, Miss.

THURSDAY, NOVEMBER 12, 9:30 A. M.

"The Appendix: Has the Last Word Been Said About It?" W. Lowndes Peple, Richmond, Va.

Discussion opened by John Wyeth, New York, N. Y.; Floyd W. McRae, Atlanta, Ga.

"A New Method in Disposing of the Stump of the Appendix After Its Removal," J. H. Carter, Memphis, Tenn.

Discussion opened by Joseph Graham, Durham, N. C.; George Ben Johnson, Richmond, Va.

"Safe-Guarding in Prostatectomy," Southgate Leigh, Norfolk, Va.

Discussion opened by Hugh H. Young, Baltimore, Md.; Joseph Hume, New Orleans, La.; G. C. Rodgers, Elkins, W. Va.

"Surgical Intervention in Certain of the Epilepsies," Charles M. Remsen, Atlanta, Ga.

Discussion opened by W. S. Halstead, Baltimore, Md.

"Some Experimental Work on the Circulation of the Testicle" Herman B. Gessner, New Orleans, La.

"End Results of Round Ligament Fixation," W. Kohlmann, New Orleans, La.

Discussion opened by Howard A. Kelly, Thos. S. Culen, Baltimore, Md.

"Complement Deviation Test as a Guide in Infections of the Urethra, Postate and Vesicles," (lantern slides), T. V. Williamson, Norfolk, Va., and S. W. Budd, Richmond, Va.

Title to be announced, F. G. DuBose, Selma, Ala.

11:00 a. m. General Session—election of officers, etc.

THURSDAY, NOVEMBER 12, 2:30 P. M.

"Corrections of Harelip and Cleft Palate," W. A. Bryan, Nashville, Tenn.

Discussion opened by C. Murat Willis, H. Stuart McLean, Richmond, Va.

"Cancer of the Colon," Charles R. Robbins, Richmond, Va.

"Caesarean Section in Eclampsia and Nephritis," W. W. Crawford, Hattiesburg, Miss.

"Trephining for the Relief of Increased Pressure of Cerebro-Spinal Fluid," R. M. Harbin, Rome, Ga.

Title to be announced, James S. Irvin, Danville, Va.

"Post-Operative Intestinal Paresis—Cause and Treatment," Richard E. Venning, Charlestown, W. Va.

Discussion opened by G. C. Rodgers, Elkins, W. Va.; S. S. Gale, Roanoke, Va.

Election of Officers.

SECTION ON OPHTHALMOLOGY, RHINOLOGY, OTOTOLOGY AND LARYNGOLOGY.

Meets in Jefferson Hotel—Room 630.

Officers of Section.

Chairman: Homer Dupuy, New Orleans, La.

Vice-Chairman: W. S. Manning, Jacksonville, Fla.

Secretary: R. B. Nelson, Memphis, Tenn.*

Stenographer: W. G. Young, Washington, D. C.

*Deceased.

TUESDAY, NOVEMBER 10, 2:30 P. M.

Chairman's Address, "The Reduction of Preventable Disasters in Ear, Nose and Throat Surgery," Homer Dupuy, New Orleans, La.

"The Trachoma Peril," Marcus Feingold, New Orleans, La.

"Trachoma," C. R. Defour, Washington, D. C.

"Trachoma in Virginia," J. A. White, Richmond, Va.

Discussion opened by J. A. Stucky, Lexington, Ky., Clifton M. Miller, Richmond, Va.

"Further Observations on Vernal Conjunctivitis in the Negro," Dunbar Roy, Atlanta, Ga.

Discussion opened by J. W. Jervey, Greenville, S. C.; J. A. White, Richmond, Va.

"A Small Drop in the Eye and Its Effect as a Diplopia," A. W. Stirling, Atlanta, Ga.

Discussion opened by R. W. Bledsoe, Covington, Ky.; Dudley S. Reynolds, Louisville, Ky.

"Neglected Eyes—The Cost," John F. Woodward, Norfolk, Va.

"Asthenopic Symptoms Relieved by Correcting Slight Errors of Refraction," T. W. Moore, Huntington, W. Va.

Discussion opened by Ashton Blanchard, Shreveport, La.

WEDNESDAY, NOVEMBER 11, 9:30 A. M.

"Sclero-corneal Trephining in Glaucoma," W. H. Wilmer, Washington, D. C.

Discussion opened by J. B. Blue, Memphis, Tenn.

"Sarcoma of the Nasopharynx and Eye-ball," R. C. Dorr, Batesville, Ark.

Discussion opened by A. W. Stirling, Atlanta, Ga.

"Some Recent Surgery of Cranial Nerves for the

Relief of Headaches and Other Neuroses," H. H. Martin, Savannah, Ga.

Discussion opened by W. P. Reaves, Greensboro, N. C.; J. W. Jervey, Greenville, S. C.

"Further Experiments with Straight Direct Laryngoscopy and Oesophagoscopy with Report of Cases," Richard H. Johnston, Baltimore, Md.

Discussion opened by R. C. Lynch, New Orleans, La.; Richmond McKinney, Memphis, Tenn.

"Tracheobronchoscopy for the Removal of Foreign Bodies in Children," R. H. T. Mann, Texarkana, Ark.-Tex.

Discussion opened by G. H. Price, Nashville, Tenn.

"Report of a Case of Cerebral Abscess, Secondary to Chronic Suppurative Otitis Media, Cured by Surgical Intervention," H. O. Reik, Baltimore, Md.

"Acute Traumatic Purulent Otitis Media—Mastoiditis—Temporo-Sphenoidal Abscess—Operations—Recovery," R. W. Bledsoe, Covington, Ky.

Discussion opened by J. H. Bryan, Washington, D. C.

"The Relation of Nose, Throat and Ear Conditions to General Medicine and Surgery," S. J. Crowe, Baltimore, Md.

WEDNESDAY, NOVEMBER 11, 2:30 P. M.

"Toxic Amblyopia," U. S. Bird, Tampa, Fla.

Discussion opened by Marcus Feingold, New Orleans, La.; Dunbar Roy, Atlanta, Ga.

"Two Fatal Cases of Intracranial Involvement Complicating Middle Ear Infection," M. M. Cullom, Nashville, Tenn.

Discussion opened by R. C. Lynch, New Orleans, La.; Dunbar Roy, Atlanta, Ga.

"Arthritis Associated with Infections of the Nose and Throat," James Bordley, Jr., Baltimore, Md.

"The Tonsils and the Voice," J. M. Guthrie, Meridian, Miss.

Discussion opened by H. F. Minor, Memphis, Tenn.; M. H. Bell, Vicksburg, Miss.

"Report of a Case of an Abscess of the Frontal Lobe, Secondary to Frontal Sinuitis—Operation—Recovery," F. P. Calhoun, Atlanta, Ga.

Discussion opened by E. H. Cary, Dallas, Tex.; M. M. Cullom, Nashville, Tenn.

"The Treatment of Petrosal Abscess," Dudley S. Reynolds, Louisville, Ky.

Discussion opened by E. C. Ellett, Memphis, Tenn.

"Vascular Ligation in the Tonsillar Fossa," J. W. Jervey, Greenville, S. C.

Discussion opened by W. B. Mason, Washington, D. C.; U. S. Bird, Tampa, Fla.

"The Present Status of Treatment of Pathological Conditions in Oto-Rhinology," J. A. Stucky, Lexington, Ky.

Discussion opened by H. H. Martin, Savannah, Ga.

THURSDAY, NOVEMBER 12, 9:30 A. M.

"Some Points on the Submucous Resection of the Nasal Septum," J. B. Blue, Memphis, Tenn.

Discussion opened by R. H. T. Mann, Texarkana, Ark.-Tex.

"Some Remarks on Sinus Thrombosis," Charles W. Richardson, Washington, D. C.

Discussion opened by J. W. Jervey, Greenville, S. C.; H. S. Hedges, Charlottesville, Va.

"An Easy Method of Obtaining a Satisfactory Opening Into the Maxillary Antrum," John Dunn, Richmond, Va.

Discussion opened by Harry L. Myers, Norfolk, Va.

"Some of the Orbital Complications Resulting from Diseases of the Accessory Sinuses," J. H. Bryan, Washington, D. C.

Discussion opened by H. S. Hedges, Charlottesville, Va.; J. M. Guthrie, Meridian, Miss.

Title to be announced, E. H. Cary, Dallas, Tex.

Title to be announced, W. S. Manning, Jacksonville, Fla.

Election of Officers.

11:00 a. m. General Session—election of officers, etc.

RICHMOND COMMITTEE ON ARRANGEMENTS.

Dr. McGuire Newton, General Chairman; Drs. Joseph A. White, Beverley R. Tucker, Alfred L. Gray, Alexander G. Brown, J. Garnett Nelson, Douglas Vanderhoof, Lewis C. Bosher, W. Lowndes Peple, Ennion G. Williams, Ernest C. Levy, Charles R. Robbins, Emmett H. Terrell, William F. Mercer, Clifton M. Miller.

RICHMOND HOTELS.

We give below six first-class hotels that have furnished us with their rates. These are all first-class hotels, centrally located.

The Jefferson Hotel, European, the Convention Headquarters, Franklin, Jefferson and Main Streets:

Single room, overlook the court	\$1.50 day
Double room, overlook the Court.....	3.00 day
Single room, overlook the court, bath..	2.50 day
Double room, overlook the court, bath..	4.00 day
Single outside rooms	2.00 day
Double outside rooms	4.00 day
Single outside rooms, with bath	3.00 day
Double outside rooms, with bath	5.00 day
Larger outside rooms with bath and twin beds	\$6.00 to 8.00 day

Murphy's Hotel, European, corner Eighth and Broad Streets:

Main Building.

Room with bath, facing street\$2.50 day
Room with bath, facing court 2.00 day
Room with running water, facing street 2.00 day
Room with running water, facing court. 1.50 day

Annex.

Room with bath, facing street\$2.00 day
Room with bath, facing court 1.50 day
Room with running water 1.50 day

Hotel Richmond, European, corner Grace and Ninth Streets:

Room without bath\$1.50 per day and up
Room with bath 2.50 per day and up

Hotel Lexington, corner Twelfth and Main Streets:

American plan\$2.50 per day and up
European plan 1.50 per day and up

Hotel Rueger, European, corner Ninth and Bank Streets:

Single room\$1.50 per day and up
Double room 2.50 per day and up

Hotel Stumpf, European, Eighth and Main Streets (men only):

Room with private bath\$1.50 and \$2.00
Room without private bath 1.00

SCIENTIFIC AND COMMERCIAL EXHIBITS

EIGHTH ANNUAL MEETING, SOUTHERN MEDICAL ASSOCIATION, RICHMOND, VA., NOVEMBER 9-12, 1914

We have made this a special feature of this meeting, and present to the members of the Southern Medical Association the best display of exhibits we have ever had.

The commercial exhibits will occupy the whole of the large front lobby of the Jefferson Hotel as well as four large rooms adjacent and connected with it by wide corridors. This lobby and the rooms have been nicely laid out and the exhibitors will arrange attractive booths. These exhibits are many and varied and offer the physician a great opportunity to post himself on the latest of the things that he daily needs. They are educational and we hope that every physician attending the meeting will spend a while with each exhibitor.

We have been definitely advised regarding three scientific exhibits and give below a few lines descriptive of them. There are likely to be others. Just where these exhibits may be found will be indicated on the official programs.

ROBERT M. THOMPSON PELLAGRA COMMISSION, Spartanburg, S. C.—This exhibit will consist of plates both plain and colored showing the skin lesions in pellagra. There will also be a number of photographs showing the skin lesions in pellagra, showing types of houses in industrial communities, and more particularly the existing sanitary conditions. A large number of charts will also be exhibited showing the geographical distribution of pellagra, the racial distribution of pellagra, and its distribution by age and sex. The exhibit will be somewhat similar to that shown in Atlantic City at the last meeting of the American Medical Association.

SCHOOL OF TROPICAL MEDICINE, TULANE UNIVERSITY OF LOUISIANA, New Orleans, La.—They will make a display of some of the more

recent work by Dr. Bass of this school, especially his work on the cause and cure of Rigg's disease. Also a display of some of the original work done at the school in entymological research, especially a very complete collection of the mosquitoes in that locality. A demonstration will be made of some of the work done with plague, showing charts, giving an idea of recent methods of treatment and their results. Dean Seemann and Dr. Bass, both of the school, expect to be in charge of the exhibit.

DR. J. SHELTON HORSLEY, Richmond, Va.—This exhibit will be made up largely of the original and research work shown at the American Medical Association meeting, consisting of specimens showing the new method of suturing blood vessels, including end to end suture and the lateral anastomosis and also some original work on transplantation of the intestines. Much of the arterial work has not yet been published.

Below we give an alphabetical list of the Commercial Exhibitors, also a few words regarding these exhibits. The data from which the notices were prepared was furnished by most of the exhibitors.

	Space
Alexander, H. M. & Co., Marietta, Penna.....	7
Aloe Co., A. S., St. Louis Mo.....	19
Appleton & Co., D., New York, N. Y.....	20
Brady & Co., Geo. W., Chicago, Ill.....	8
Buzzell-Flanders Co., Boston, Mass.....	3
Campbell Electric Co., Lynn, Mass.....	43
Dougherty & Co., H. D., Philadelphia, Penna.	38, 39, 40
Electro Surgical Instrument Co., Rochester, N. Y.	25
Fairchild Bros. & Foster, New York, N. Y....	30
Franco-American Ferment Co., New York, N. Y.	4
Health Appliance Co., New York, N. Y.....	42
Horlick's Malted Milk Co., Racine, Wis.....	9
Hynson, Westcott & Co., Baltimore, Md.....	18
Jaekkh Mfg. Co., Cincinnati, Ohio.....	47

Kny-Scheerer Co., New York, N. Y.	31, 32
Lippincott & Co., J. B., Philadelphia, Penna..	16
McDermott Surgical Instrument Co., New Orleans, La.	1
Mellins Food Co., Boston, Mass.	14, 15
Mosby Co., C. V., St. Louis, Mo.	17
Physicians Specialty Co., Leesburg, Va.	45
Physicians Supply Co., Philadelphia, Penna..	23, 24
Pilling & Son Co., Geo. P., Philadelphia, Penna.	12, 13
Powers & Anderson, Richmond, Va.	33, 34, 35
Pridgen & Co., S. J., Atlanta, Ga.	29
R. & E. Mfg. Co., Cleveland, Ohio.	26
Saunders Co., W. B., Philadelphia, Penna.	36
Sharp & Smith, Chicago, Ill.	48, 49, 50
Simmons & Bailey, Washington, D. C. (representing Wapp'ler Electric Mfg. Co.)	37, 41
Squibb & Son, E. R., New York, N. Y.	27, 28
Taylor Instrument Companies, Rochester, N. Y.	5, 6
Wampole & Co., Henry K., Philadelphia, Penna.	21
Weder Mfg. Co., Philadelphia, Penna.	10
Weissfeld Brothers, New York, N. Y.	51
Welch Grape Juice Co., Westfield, N. Y.	11
Woolf, Michael, New York, N. Y.	22

H. M. ALEXANDER & CO., Marietta, Penna., Space 7. Will have an extensive exhibit showing the work of their biological laboratories, illustrating the products they manufacture, as well as the various steps taken in the production of same and the devices used in administering the products. These products are furnished to citizens in some of the Southern States through the State Boards of Health.

A. S. AIOE & CO., St. Louis, Mo. Space 19. Will exhibit their line of surgical instruments and physicians' supplies. They will feature their 1914 Spencer microscopes and bacteriological outfit, as well as their special "Tycos" offer.

D. APPLETON & CO., New York, N. Y. Space 20. Will exhibit a full line of the latest medical books, among which will be Hall's "Borderline Diseases," Kelly-Burnam's "Surgical Diseases of the Kidneys, Ureters and Bladder," Thompson's "Occupational Diseases," Stockton's "Diseases of the Stomach," Behan's "Pain," Crile's "Anemia and Resuscitation," Gwathmey's "Anesthesia," and Forchheimer's "Therapeutics of Internal Diseases."

GEO. W. BRADY & CO., Chicago, Ill. Space 8. Will exhibit their Paragon X-Ray plates showing some of the work done by various operators with these plates. They claim these plates are of very fine quality, great speed and accuracy in bringing out full details.

BUZZELLI-FLANDERS CO., Boston, Mass. Space 3. Will show a full line of their surgical and hospital materials and physicians' specialties, especially their Standard Plain Catgut.

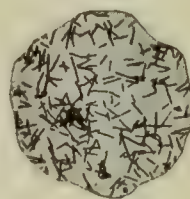
CAMPBELL ELECTRIC CO., Lynn, Mass. Space 43. Will demonstrate their X-Ray and high frequency apparatus.

H. D. DOUGHERTY & CO., Philadelphia, Penna. Spaces 38, 39 and 40. Will exhibit their line of hospital furniture, bedsteads, bedding and sun-

dries. They will show the manner in which they build their hospital furniture, namely, by the Oxy-acetylene Welding Process, which they claim eliminates the danger of joints coming apart that have been riveted and the cause for the enamel cracking. A number of these articles are of new designs which have never been shown either in catalogs or otherwise.

ELECTRO-SURGICAL INSTRUMENT CO., Rochester, N. Y. Space 25. Will show a line of electrically lighted diagnostic and operative instruments, such as urethroscopes, proctosigmoidoscopes, mastoid transilluminators, cystoscopes, nasopharyngoscopes, etc. Many of these instruments being constructed by physicians based on their practical experience.

FAIRCHILD BROS. & FOSTER, New York, N. Y. Space 30. Will present an exhibit of their pharmaceutical products. Chiefly, however, their preparations are of physiological origin, including the pepsins, extract of the pancreatic gland in enteric capsules, panopepton, enemose for colonic alimentation, cultures of the bacillus bulgaricus, and many other of their specialties so well known to the profession.



THE FRANCO-AMERICAN FERMENT CO., New York, N. Y. Space 4. Will exhibit the Lactobacilline Products originated by Professor Metchnikoff, of the Institut Pasteur, Paris, which have been prepared in this country during the past eight years under his direction and scientific patronage.

These are the original lactic ferment preparations produced in America containing the bacillus Bulgaricus, and are the only ones offered physicians which are personally endorsed by Professor Metchnikoff. The Franco-American Ferment Co. distributes fourteen products containing the bacillus Bulgaricus, prepared in a media especially adapted to the conditions of patients in different ailments. These products are notable for their purity of culture and high bacterial count.

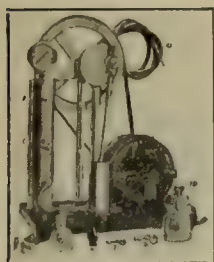


HEALTH APPLIANCE CO., New York, N. Y. Space 42. Will exhibit their "Wundertruss" and special appliances for hernia and prolapsed viscera, also their abdominal supporters, elastic hosiery and surgical corsets.



HORLICK'S MALTED MILK CO., Racine, Wis. Space 9. As in past years this firm will display the Original-Genuine Malted Milk, together with Horlick's Food and Horlick's Diastoid. They will also serve the delicious Horlick's Malted Milk Ice Cream, which has made the "Horlick Booth" so popular at conventions all over the country.

HYNISON, WESTCOTT & CO., Baltimore, Md. Space 18. Will exhibit and demonstrate some of the more important products of their pharmaceutical laboratories, a number of diagnostic agents and appliances and their bacteriological and biological products.



JAECKH MFG. CO., Cincinnati, Ohio. Space 47. Will make a fine display of compressed air spraying and nebulizing apparatus, atomizers, nebulizers, etc. A special feature will be the New Robertson Compressed Air and Vacuum Machines, which give compressed air at any desired pressure instantly and without

storage tank, also suction and massage by alternating suction and pressure. These machines are rapidly displacing the former cumbersome pumps and tanks. They will be shown both on base and on pedestal. The popular Gold Medal Outfits will also be shown.

KNY-SCHEERER CO., New York, N. Y. Spaces 31 and 32. In connection with Powers & Anderson of Richmond, they will exhibit the latest inventions in operating tables which are adjustable in height and have rotating tops; also pressure sterilizing apparatus of the very latest design.

J. B. LIPPINCOTT CO., Philadelphia, Penna. Space 16. Will show many new, modern and practical books by authoritative writers on medical subjects and allied sciences.

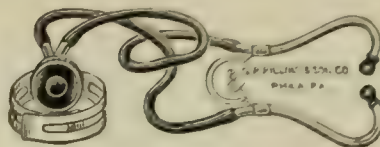
McDERMOTT SURGICAL INSTRUMENT CO., New Orleans, La., Space 1. Will exhibit a full line of surgical instruments and physicians' supplies. They will show a number of their special instruments; also their Caine-McDermott Warm Ether Apparatus.

THE MELLIN'S FOOD CO., Boston, Mass. Spaces 14 and 15. Physicians will be given every opportunity to know definitely the composition of Mellin's Food. Physicians will be given every opportunity to know definitely the composition of all milk mixtures resulting from the Mellin's Food Method of Milk Modification. This information, so readily obtained, places the matter of "food mixtures" directly and completely in physicians' hands to advise and adjust as the needs of the individual infant dictate. There is nothing obscure, there is nothing to surmise, in the use of this clearly defined method.

C. V. MOSBY CO., St. Louis, Mo. Space 17. Will exhibit a complete line of their medical books. Their Golden Rule Series, new and revised, will be a special feature of their exhibit.

PHYSICIANS' SPECIALTY CO., Leesburg, Virginia. Space 45. Will exhibit and demonstrate their complete office outfit. They claim that it is a combination of all the physical agencies and electrical modalities that are used by physicians, all in one outfit, everything from vibration to X-Ray can readily be used. It only occupies a space 16x22 inches.

PHYSICIANS' SUPPLY CO., Philadelphia, Penn. Spaces 23 and 24. Will exhibit a full line of surgical instruments, especially those for the ear, nose and throat specialist. They will also have a full line of Sherman's Bacterial Vaccines, for which they are Southern and Eastern distributors, and will have competent representatives present to detail this product.



GEORGE P. PILLING & SON CO., Philadelphia, Pa. Spaces 12 and 13. In connection with the Faught Blood Pressure Apparatus manufactured and demonstrated by George P. Pilling & Son Company, of Philadelphia, this company will also demonstrate the Stamp Bracelet Stethoscope, the last work in auscultatory method of taking blood pressure. This Bracelet Stethoscope can be used with any make of blood pressure apparatus. The Faught Clinical Blood Pressure Apparatus will also be demonstrated at this convention.



POWERS & ANDERSON, Richmond, Va. Spaces 33, 34 and 35. Will exhibit a large and complete line of surgical instruments and hospital supplies, everything for the hospital, the specialist and the general practitioner. Kny-Scheerer Company, of New York, will have a demonstration in connection.

S. J. PRIDGEN & CO., Southern Sales Agents P. Blakiston's Son & Co., Atlanta, Ga. Space 29. Will show the line of Blakiston's standard medical publications, among the more important being McKee & Wells' Practical Pediatrics, in two volumes; Tyson & Fussell, Practice of Medicine, two volumes; Webster's Diagnostic Methods; Deaver and Ashhurst, Upper Abdomen, Volume 2; Niles, Stomach and Intestines; Binnie's Operative Surgery; Hartman's Gynecological Operations, and Non-operative treatment.

THE R. & E. MFG. CO., Cleveland, Ohio. Space 26. Will demonstrate Dr. Beachler's Blood Pressure Instrument. This instrument is claimed to be absolutely reliable and accurate, and sells at a moderate price. It is so compact that it can be carried in a physician's bag or he can slip it into his pocket whenever he desires to use it at the bedside.

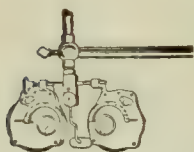
W. B. SAUNDERS COMPANY, Philadelphia and London. Space 37. These well known publishers will have on exhibit many new and standard books. Among the more important are: Allen's Local and Regional Anesthesia; Crile's Anoci-association; Murphy's Clinics; Bryan's Principles of Surgery; new edition of Moynihan's Abdominal Operations; Keen's Surgery; Thomson's Clinical Medicine; Musser-Kelly on Treatment; Prentiss' Embryology; Volume II of Cabot's Differential Diagnosis; Faught on Blood Pressure; Niles on Pellagra; Deaderick on Malaria; DeLee's Obstetrics; Kerley's Pediatrics; Kolmer's Specific Therapy; Brill's Psychoanalysis; Mallory's Pathologic Histology; Davis' Manual of Obstetrics; Dercum's Nervous and Mental Diseases; Garrison's History of Medicine; new edition of Morrow's Diagnostic and Therapeutic Technic.

SHARP & SMITH, Chicago Ill. Spaces 48, 49 and 50. Will have on display a complete line of surgical instruments comprising the latest and most improved patterns. A handsome souvenir will be given the doctors.

SIMMONS & BAILEY, Washington, D. C. Spaces 37 and 41. Being the Southern representatives of Wappler Electric Mfg. Co., of New York, they will feature a display of their interrupterless King Model X-Ray machines and interrupterless treatment type of X-Ray machines fitted with their new single impulse timer, also with their new serial timer. They will also show a variety of electro-medical and electro surgical apparatus.

E. R. SQUIBB & SONS, New York, N. Y. Spaces 27 and 28. Will exhibit a full line of the products of their laboratory. A feature will be a display of the impurities removed from the regular U. S. P. grade of products in the process of repurification necessary to bring the articles up to their standard. The disintegrability of their tablets will be demonstrated. Their extensive line of biological products will also be shown.

TAYLOR INSTRUMENT COMPANIES, Rochester, N. Y. Spaces 5 and 6. At their space will be trained medical men to demonstrate the "Tycos" Sphygmomanometer, the demonstrations covering the taking of systolic, diastolic and pulse pressure. The "Tycos" thermometer will also be shown.



MICHAEL WOOLF, New York—Space 22. The Ski-Optometer and other interesting ophthalmic appliances will be exhibited. This Ski-Optometer provides a simpler and easier way to accomplish the work of refraction and muscular imbalance; and overcomes the constant changing of lenses from trial case. By revolving a dust-proof reel on either side containing eleven lenses, the foci is automatically increased or decreased in quarter dioptries, in plus or minus from zero up to 12.D or vice versa. It is therefore particularly helpful in

retinoscopy, subjective or fogging tests, being compact, simple and complete.

HENRY K. WAMPOLE & CO., Philadelphia, Penna. Space 21. Will present a display of the most advanced pharmaceutical products of their laboratory, including the standard preparations of the U. S. Pharmacopoeia and the National Formulary in the form of tinctures, extract, syrups, elixirs, solutions, pills, ointments, capsules, etc.

WEDER MFG. CO., Philadelphia, Penna.—Space 10. Will demonstrate their electric diagnostic case which they claim is the only case that will not waste the battery when not in use; offers many advantages to the general practitioner in making his daily calls—i. e., to examine and treat the throat, by using the tongue depressor; ear, through ear speculum magnifying the tympanic membrane; nares, through the nasal speculum showing the turbinates allowing packing for hemorrhage under direct illumination; for transillumination of the sinuses; with head band attachment for any emergency operation when both hands are required, doing away with the head mirror.

WEISSFELD BROTHERS, New York, N. Y.—Space 51. For twenty years manufacturers of hospital uniforms, will have an extensive exhibit. Representative will demonstrate their products, surgeon's gowns, hospital uniforms, hospital sheeting, rubber aprons, nurses' and internes' suits, etc. Souvenirs will be given to each visitor.

WELCH GRAPE JUICE CO., Westfield, N. Y.—Space 11. Will have an attractively arranged booth from which they will dispense to the doctors and their friends Welch's "The National Drink." Welch's Grape Juice is used by physicians as a solvent in which to administer oily and disagreeable medicines.

BOOK REVIEWS

Diseases of Bones and Joints.

By Leonard W. Ely, M.D., Associate Professor of Surgery, Leland Stanford, Junior, University, San Francisco, Calif. Sextodecimo, 220 pages, 94 illustrations. Surgery Publishing Co., New York. Price, cloth, \$2.00.

The book is primarily intended for the use of the general practitioner, and he will find that the essentials have been set forth with the minimum number of words suitable to express the idea. The procedures recommended are, as a rule, those requiring little or no special apparatus or those which can be executed by the general surgeon. It will be found a useful addition to every doctor's library.

A Manual of Practical Hygiene.

For students, physicians and health officers. By Charles Harrington, M.D., late Professor of Hygiene in the Medical School of Harvard University. Fifth edition, revised and enlarged by

Mark W. Richardson, M.D., Secretary to the State Board of Health of Massachusetts, in collaboration with the following officials connected with the Massachusetts State Board of Health: W. H. Clark, Chief Chemist; X. H. Goodnough, Chief Engineer; William C. Hanson, Assistant to the Secretary; Hermann C. Lythgoe, Chief Analyst of Food and Drug Department and George H. Martin, formerly Secretary to the Massachusetts State Board of Education. Octavo, 933 pages, with 125 engravings and 24 plates in colors and monochrome. Cloth, \$5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

This volume is in accord with the increasing importance and broadening field of hygiene and preventive medicine. The author has been assisted in his work by experts associated with him in the Massachusetts State Board of Health, the first such board to be established in America, and one of high repute. The revision contains

(Continued on page xxviii.)

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Unique Therapeutic Agents

BULGARA TABLETS—Modifier of the Intestinal Flora. Contain viable *bacilli lactis Bulgarici*, type "A," (Massol-Grigoroff.) 50 tablets in a tube. Retail at \$1.00; supplied to physicians at 75c. Dose: one or two tablets, with meals, or, in each feeding of child. See *The Journal*, June 29th, 1912, page 2017 and July 19, 1913, page 164, Dr. Ralph Oakley Clock; also report "Lactic Acid Ferments," Council on Pharmacy and Chemistry, *The Journal*, A. M. A., December 6, 1913, page 2084.

GLYCOTAURO CAPSULES—Natural Cholagogue. The whole fresh bile of the ox, aseptically collected; freed from the inert putrefactive and highly toxic principles; concentrated, sterilized and standardized by assay. Unique, since it presents the natural desirable bile constituents, in unaltered form and in definite quantities, without added drugs. Mass in 5 grain capsules; 36 capsules in a box. Half size for children. 48 capsules in a box. Retail at \$1.00, either size; supplied to physicians at 75c. Dose: one capsule; 3 doses a day for 8 days; 2 doses a day for 12 days; 1 dose a day for 24 days. To be repeated and dose increased, if necessary. See Hammarstein-Mandel's *Physiological Chemistry*, sixth edition, page 394.

LUTEIN TABLETS—Ovarian Functional Normalizer. Each tablet represents 20 grains of the fresh *corpora lutea* of the sow. 50 tablets in a tube. Retail at \$2.00; supplied to physicians at \$1.50. Dose: one or two tablets three times daily, or as indicated. See *The Journal* A. M. A., August 31, 1912, page 698, Dr. Curtis F. Burnam.

Convenient Ampoule Suspensions

For Intramuscular Injection Only.

Exclusively for Physicians' Use.

These contain unique suspensions, in solidified, protecting fat; liquid at body temperature, neutral, permanent. Sterile and ready for use. Chemicals unchanged and suspensions permanent at temperatures below 93.

SALVARSAN. One, three or six decigram ampoules. Supplied at \$7.50 for six decigrams.

NEOSALVARSAN. 1.5, 4.5 or 9 decigram ampoules. Supplied at \$7.50 for nine decigrams.

MERCURY SALICYLATE. One grain in each ampoule. In boxes of ten ampoules, at \$2.00 per box.

New Diagnostic Agents and Apparatus

PHENOLSULPHONEPHTHALEIN AMPOULES—Renal Functional Test. These contain the monosodium salt of phenolsulphonephthalein in standardized, sterile solution (.006-1 cc.) ready for use. More than enough for one test in each ampoule. In boxes of ten ampoules. Supplied at \$1.00 per box. See *The Journal* A. M. A., September 2, 1911, page 811, Drs. L. G. Rowatree and J. T. Geraghty; July 19, 1913, page 184, Dr. Charles Goodman, and January 10, 1914, page 156, Dr. E. G. Mark; also *Berliner Klinische Wochenschrift*, September, 1913, page 1609, Dr. Max Roth.

UREASE-DUNNING—For the rapid and accurate estimation of urea, in urine and in blood. Supplied in packages of 40 twenty five milligram tablets at \$1.00 per package.

COLORIMETERS FOR PHENOLSULPHONEPHTHALEIN. Rowntree and Geraghty Modification of Hellige, \$20.00; Dunning, \$5.00.

KEIDEL VACUUM BLEEDING TUBE—For obtaining specimens for the Wassermann and other blood reactions. Convenient and protective. Single tube, 15 c.; price per dozen, \$1.50. Special prices for large quantities.

Standardized Blood Stains.

Regular Microscopic Stains.

All the above pharmaceutical products have been accepted by the Council on Pharmacy and Chemistry, A. M. A., for inclusion in New and Nonofficial Remedies, which see.

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(Continued from page 914.)

one hundred additional pages and twelve new plates. There are many interesting chapters, among which may be mentioned: Water Supply and Disposal of Sewage; Disposal of Garbage; Infection; Susceptibility and Immunity; Relation of Insects to Human Diseases, etc.

A Treatise On Clinical Medicine.

By William Hanna Thomson, M.D., LL.D., formerly Professor of Practice of Medicine and of Diseases of the Nervous System in the New York University Medical College; ex-President of the New York Academy of Medicine, etc., Octavo volume of 667 pages. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, \$5.00, half Morocco, \$6.50.

This is an especially practical treatise on Clinical Medicine, because it deals with those things which are of importance to the physician when dealing with the sick; it describes the condition of the living patient as affected by disease, and prescribes rational methods of treatment. It begins with certain common but important symptoms; then follows a chapter on remedies and their application; following is a section on micro-organisms as a cause of disease; while the last section deals with diseases of particular organs and tissues.

Blood Pressure: Its Clinical Applications.

By George W. Norris, A.B., M.D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital; Assistant Visiting Physician to the University Hospital; Fellow of the College of Physicians of Philadelphia. Octavo, 372 pages, with 98 engravings and 1 colored plate. Cloth, \$3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Blood pressure is being recognized more and more each day in the treatment of disease. It should be a routine measure on every patient, and oftentimes is a valuable aid in diagnosis, prognosis, and treatment. This volume gives the physiology of blood pressure, the various instruments used, the methods employed and treats of the many conditions producing a variation in pressure, with special reference to hypertension produced by heart and kidney disease.

Psychoanalysis, Second Edition.

Psychoanalysis: Its Theories and Practical Application. By A. A. Brill, Ph.D., M.D., Chief of Clinic of Psychiatry and Clinical Assistant in Neurology, Columbia University Medical School; Chief of the Neurological Department of the Bronx Hospital and Dispensary. Second edition, thoroughly revised. Octavo of 393 pages. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, \$3.00, net.

To the first edition have been added analyzed dreams, new cases, and new chapters. The book has also been revised and rewritten. The new material comprises discussions on artificial dreams, the unconscious factors in neuroses, collecting manias, pathologic homosexuality, and fairy tales as a detriment of dreams and neurotic

symptoms. At the suggestion of many readers a glossary of psychoanalytic and psycho-sexual terms was added. There are sixteen chapters, among which may be mentioned: "The Psychoneuroses"; "Dreams"; "Psychological Mechanisms of Paranoia"; "Hysterical Fancies and Dreamy States," etc. As there is an increased demand for psychotherapy, the decision as to the method of preference presents itself, and the methods of psychoanalysis herein contained may prove beneficial in answering the question.

Dietetics: or Food in Health and Disease.

By William Tibbles, LL.D., M.D., L.R.C.P., M.R.C.P., L.S.A. Medical Officer of Health, Fellow of the Royal Institute of Public Health, etc. Octavo, 627 pages. Cloth, \$4.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The question of diet is usually not given the attention that it should have, and too low an estimate is oftentimes placed on this valuable part of therapeutics. What to feed and how to feed are clearly and concisely told in this work. The indications and contraindications are given, and the caloric values for the various foodstuffs are so arranged that the physician can easily grasp it. The preparation for the numerous diets is also given. The role played by Enzymes and body ferments is given prominent mention.

Diseases of the Heart.

By John Cowan, D.Sc., M.D., F.R.F.P.S., Professor of Medicine, Anderson's College Medical School; Physician, Royal Infirmary; Lecturer in Clinical Medicine in the University of Glasgow; Examiner in Medicine, Royal Army Medical College. Octavo, 458 pages, with 199 illustrations. Cloth, \$4.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

This work will be of great value to physicians because it presents the latest information on this class of diseases and the best methods of handling them. It is based very largely on the author's experience with numerous cases in his own wards. To quote from the preface by the author: "During the last ten years great advances have been made in our knowledge of the diseases of the heart and arteries. New methods of histologic technique have revealed lesions which were hitherto unappreciated, and experimental research has deciphered their causes. The sphygmomanometer, the polygraph, the electro-cardiograph, and the Roentgen rays have become accessible to the clinician, and the data thus acquired have elucidated some of the many problems which awaited solution; while the pharmacologists have defined the use of such drugs as digitalis more accurately than has been previously possible.

"The importance of the cardiac muscle in the maintenance of the circulation renders necessary a short account of the diseases by which it is affected. Arterial disease and its influence upon the heart are discussed in the three succeeding chapters. The myogenic theory and the various disturbances of cardiac function are considered at some length, and are accompanied by an account of the electro-cardiograph. Acute endo-

(Continued on page xxx.)



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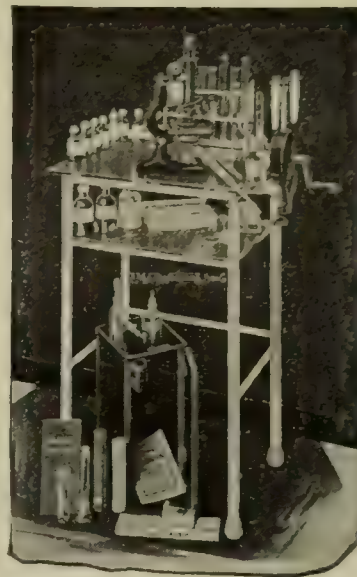
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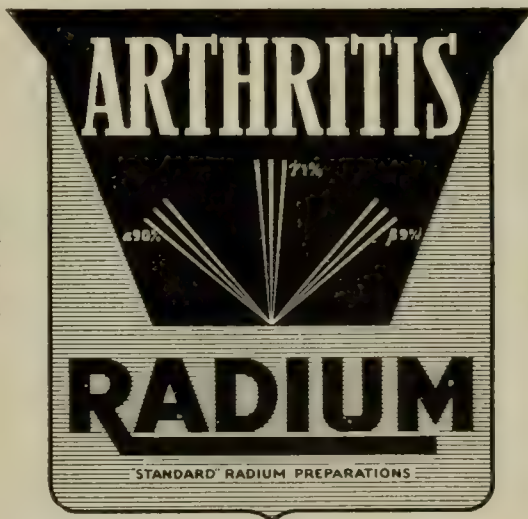
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General Offices and Laboratories:

Pittsburgh, Pa.

(Continued from page xxviii.)

carditis, chronic valvular disease, myocardial weakness, and pericarditis then follow in order."

A Text-Book of General Bacteriology.

Fourth edition, thoroughly revised. By Edwin O. Jordan, Ph.D., Professor of Bacteriology in the University of Chicago and in Rush Medical College. Octavo of 647 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, \$3.00, net.

The study of bacteriology is too intimately connected with the practice of medicine to be neg-

lected. Since the "germ theory" has been definitely accepted great advances have been made in the medical profession, and rapid strides are being made in bacteriology itself. Vaccines, serums, antitoxins, agglutination tests, etc., constitute part of the physician's daily practice. Not only does the science of bacteriology apply to clinical medicine, but it also applies to city sanitation and inspection, household affairs, agriculture, etc. In this edition several sections have been rewritten, and new material added on Poliomyelitis, Pertussis, Streptococcus, Sore Throat, Filterable Viruses, etc.

SOUTHERN MEDICAL NEWS

ALABAMA.

At Birmingham the health official's report for August showed the lowest mortality rate in the history of the city. The Board of Education has resolved that no child shall enter school without having been successfully vaccinated.

The Tuberculosis Hospital reports a debt of \$1,500 and is sadly in need of funds. No more disinfectant will be given out to the public by the health and sanitary department.

At Birmingham Dr. E. H. Sholl celebrated his eighty-second birthday anniversary on Thursday, September 17. He received many congratulations.

At Montgomery, September 1, Dr. W. H. Sanders, chairman of the State Board of Medical Examiners, mailed sixty licenses to practice medicine in Alabama to doctors who had successfully passed the examination by the state board. Several succeeded after three or four previous efforts.

Dr. S. B. Grubbs, of the U. S. Public Health Service, has been sent to Mobile by Surgeon-General Blue to organize and conduct a campaign of rat extermination in conjunction with the local health authorities.

At Union Grove, Dr. W. H. Barnard, aged 35 years, died September 1.

At Mobile, October 1, the session of the School of Medicine of the University of Alabama began work with a satisfactory attendance.

ARKANSAS.

At Hot Springs all children must show vaccination certificates before they can attend the public schools of the city. In the rural districts this regulation does not apply.

Dr. C. W. Garrison, head of the Hookworm Commission in Arkansas, is fearful that the European war will interfere with the work. Thymol, the drug which is used, is chiefly manufactured in Germany and has advanced in price from \$2.50 to \$17 a pound. The work has not yet been interrupted.

On September 3 Dr. C. E. Oates, of Little Rock, member of the faculty of the School of Medicine of University of Arkansas, was married to Miss Ilse Frischmeyer, of Austin, Texas.

On September 15, at Little Rock, the Medical Department of the University of Arkansas began its thirty-sixth annual session.

Dr. M. J. Barlow, city physician, also captain of the medical corps of the National Guard, and who has been absent at the encampment at Ft. Logan, has resumed his duties in the city.

At Hot Springs, Dr. J. H. C. King has been cut off from the list of registered physicians by the Superintendent of the Reservation on a charge of drumming. The order came from Washington.

At Arkadelphia, Dr. E. K. Williams, aged 54, died at his residence September 10.

At Little Rock, August 31, Dr. W. M. Bickey died at his residence on West Eighth Street. The interment was at Conway.

At Camden in September Dr. G. W. Hudson died of pneumonia.

DISTRICT OF COLUMBIA.

Dr. Alexis Carrel, of the Rockefeller Institute for Physical Research at New York, is a citizen of France. He has returned to his country and has been sent to the front to serve as an army surgeon.

Secretary McAdoo has issued an order that carriers engaged in interstate traffic shall not furnish to their crews or employes any polluted water for drinking purposes which may contain organisms or matters likely to cause a contagious or infectious disease. The order also prohibits the keeping of such water where it can be reached for drinking purposes.

President Wilson has vetoed a bill to reinstate Captain George P. Heard to the active list of the Army Medical Corps. His objection is that it would constitute an undesirable precedent.

Congressman Lewis L. Morgan, of Louisiana, has introduced a bill providing for a national leprosarium to cost \$500,000. It would be under the jurisdiction of the Surgeon General of the Public Health Service.

The old home of the Army and Navy Club, corner Connecticut Avenue and I Street, has been replaced by a new building for office purposes. It will be occupied entirely by physicians. There are five floors, with ten offices on each floor, and several Washington physicians have taken entire floors for their offices.

The handsome new residence of Dr. Louis C. Lehr, at 1627 New Hampshire Avenue, was completed and occupied in September.

(Continued on page xxxii.)

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ISOLATED FROM CULTURES, IDENTIFIED AND MADE INTO AN

Autogenous Vaccine - - - - - \$5.00

GONORRHOEA DIAGNOSIS BY THE COMPLEMENT
FIXATION TEST - - - - -

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In making this test we use as antigens a mixture of twenty different cultures from both male and female and which contains the several strains.

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LANGE COLLOIDAL GOLD TEST - - - - -

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Differentiates between Pyogenic, Tubercular, Syphilitic Infection and General Paresis.

DIAGNOSIS OF PATHOLOGICAL TISSUE - - - - -

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The name **KELENE** has been adopted for our product. Pure chloride of Ethyl, to protect the profession against chloride of Ethyl that is not absolutely pure. By specifying **KELENE**, purity is guaranteed. As an anaesthetic it has the following advantages:

NO STEAM VALVE is required. Simply press the Lever, and the **Automatic Sprayer** will do the rest. For **General Anaesthesia** its great field of usefulness is in minor surgery, dentistry, and as a preliminary to ether and chloroform. **KELENE** has been used in hundreds of thousands of cases.

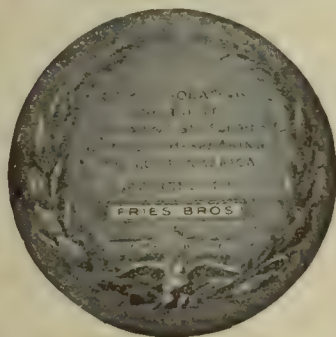
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NEW YORK

RAHWAY

ST. LOUIS



(Continued from page xxx.)

Dr. Ashael H. Alderman, a practicing physician in Washington for more than thirty years, died suddenly at his home September 13 from heart disease. He was a native of Ohio and was seventy-one years old.

FLORIDA.

At Jacksonville the vital statistics for August, 1914, show an increase of eighteen in the total number of deaths over those of August, 1913. There were nine deaths from violence, homicidal and accidental. One hundred and fifty-four marriage licenses were issued, fifty-four to white and 100 to colored couples.

At Orlando, a board of health has been organized by the Mayor with the following members: Dr. Gaston Edwards, Dr. Sylvan McElroy and W. H. Reynolds. Mayor Sperry, Commissioner Robertson and City Physician Pillans will act as ex-officio members.

The City Council of South Jacksonville has passed an ordinance effective October 1 to enforce the registration of deaths and births. The matter is in the hands of the city clerk who is empowered to prosecute in case of violation or failure to report, and a maximum penalty of \$50 fine and thirty days in jail may be assessed.

On account of the occasional appearance of a case of plague in New Orleans measures have been taken to secure the thorough inspection of all cars coming from that city to the State of Florida.

The health reports in September showed the presence of diphtheria in quite a number of children of school age. At Jacksonville every school room was scrubbed and disinfected and where a case had been found the throat of every child was treated as a precaution to prevent the spread of the infection.

On October 11 at Pensacola the cornerstone was laid for the new \$400,000 hospital being erected by the Sisters of Charity. Dr. J. S. Turberville, President of the County Medical Society, and Drs. Malory Kennedy, Louis de M. Blocker and W. D. Nobles, as well as others, made addresses.

GEORGIA.

Dr. W. F. Brunner, local health officer of Savannah, reports a decreasing death rate for that city, there being but seventeen white deaths in August. The improvement is ascribed to the general use made by the physicians of the city of the Bacteriological Bureau.

At Valdosta the active work of the Board of Health resulted last summer in a marked diminution of fevers and intestinal diseases. A strict inspection by Dr. W. M. Howell of the milk, meat and fish sold in the city has been a decided advantage.

At Atlanta a medical research club has been organized to hold its meetings once a month in the building of the University Club. The charter members are Drs. DeLoach, Thrash, Elkin, Manget, Bunce, Beach, Reynolds, Yankey, and Crenshaw.

Dr. Eugene E. Murphey, president of the Augusta Board of Health, went to Providence, R. I.,

in August to study the methods employed in the municipal contagious disease hospital located in that city with the ultimate intention of improving hospital conditions in Augusta.

William J. Harris, director of the United States census, visited Atlanta late in August to confer with Secretary H. F. Harris, of the State Board of Health, relative to the co-operation of the state and the general government in compiling vital statistics.

The University of Georgia at Augusta has received from Dr. Wm. J. Young, of Barnwell, S. C., a gift of \$25,000 for the improvement and development of the library of the college.

At Atlanta Dr. Emory R. Park has been elected to the position of registrar of the new vital statistics department created by the legislature last summer. His offices are at the State Capitol.

At Augusta September 17 the University of Georgia celebrated the formal opening of the eighty-third annual session of its medical department. The enrollment was satisfactory, though some thirty applicants for entrance were barred out by the rigid requirements.

Dr. J. Cheston King, of Atlanta, announces the removal of his office to the Empire Building.

KENTUCKY.

At Louisville, Housing Inspector Richards notified H. W. Gorham, agent of the E. D. Wood's estate, to have the tenants on that estate in Adamstown to vacate the cottages within six days. The property has been condemned as uninhabitable.

Dr. J. N. McCormack, of Bowling Green, underwent a serious operation at Rochester, Minn., in September. He has entirely recovered.

The State Board of Health of Kentucky has issued an order that children suffering from trachoma, or suspected of being infected, will be prohibited from attending school until they have been treated and pronounced cured.

Dr. J. Asbury Day, aged 28, was accidentally drowned near Prospect late in August. The body was interred near Flemingsburg, the home of his widowed mother.

At Louisville the Fiscal Court is asked for an emergency appropriation of \$2,500 for the treatment of county school children with trachoma.

On September 22 the Kentucky Medical Association convened in annual session at the Bluegrass Inn in Newport. The annual address at the general session was delivered by Dr. Victor C. Vaughn, president of the American Medical Association. Dr. J. W. Ellis presided over the session.

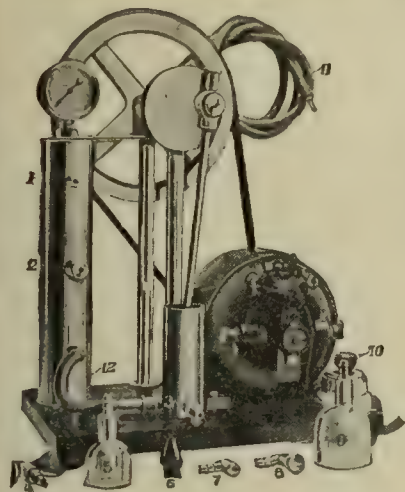
The next meeting of the Kentucky State Medical Society will be held at Louisville. Dr. Gant Gaither, of Hopkinsville, will deliver the oration on surgery. The officers for the ensuing year are: President, Dr. J. W. Kincaid, Cattlettsburg; First Vice-President, Dr. F. G. Larue, Smithland; Second Vice-President, Dr. G. L. Heath, Lindsey; Third Vice-President, Dr. T. W. Moberly, Elizabethtown.

Dr. Theo. L. Jones has moved from Mill Springs to Guthrie.

(Continued on page xxxiv.)

THE NEW ROBERTSON

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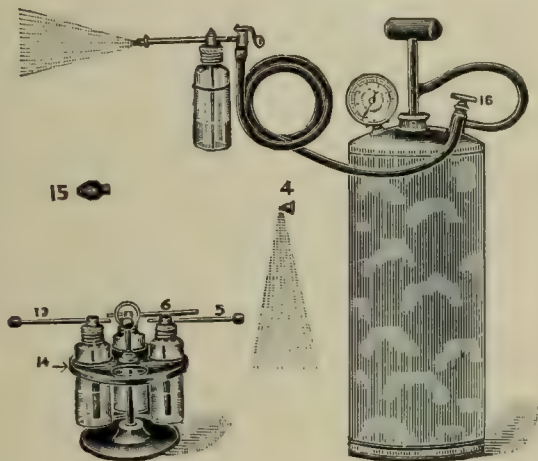
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It also gives suction for hyperemia, etc. Also both aural and general massage by alternating suction and pressure.

Price complete for Direct Current - - \$50.00

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Money Refunded if Not Satisfied.



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Spraying and Nebulizing Outfit No. 150

Tank, pump, pressure gauge, needle valve, aseptic black rubber hose, automatic cut-off, two atomizers that spray either oil or water, universal nozzles that spray in any direction, 1 fine nebulizer, 1 powder blower, special nozzle for inflating the Eustachian tubes and middle ear, fine 4-bottle stand.

We sell the outfit complete, as illustrated, for \$10.50
Money refunded if you are not satisfied.

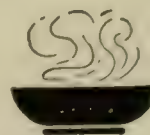
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Bran Food

Efficient and Delicious

Pettijohn's is soft white wheat, flaked like Quaker Oats. It is easily cooked and universally appealing. It forms a most delicious breakfast dish.

Analysis shows 3.9 per cent bran— an ample amount of roughage. Some so-called Health Biscuits—based on bran—show less than three per cent.

Pettijohn's has for many years been specified on countless diet lists. It deserves first place where laxative is indicated, because it is delightful, easily served and easy to obtain. And the percentage of bran insures its efficiency.

Directions for perfect cooking appear on the package.

Package Free

We will mail to any physician a full-size package for testing at home or with patients.

Most better-class grocers sell Pettijohn's at 15 cents per package. It has national distribution, so any grocer can get it from his jobber. For free package address

The Quaker Oats Company

Chicago, Ill.

(Continued from page xxxii.)

LOUISIANA.

New Orleans Items.

Enthusiastic meetings are held at night in the various parks in the city to stimulate public interest in sanitation. They are addressed by leading health authorities and prominent citizens. The negroes of the various wards are invited to attend. Several of the large property owners in the city have displayed considerable opposition to the ordinances requiring the rendering of buildings rat proof. This was particularly true in the fourteenth ward, but the work was prosecuted without interruption.

Citizens are warned that the weeds and grass on vacant lots belonging to them must be cut after rotification or they will be prosecuted. On the 7th of September the city began burning its garbage dumps as a temporary solution of the garbage problem. The rat-proofing of buildings affords work for more men than can be obtained. Most of the expense falls on alien owners, many of whom have maintained negro barracks that were a nuisance. At one place near the headquarters of the health officials a nest of infected rats was found. It was in a Chinese restaurant, which was promptly closed and fumigated.

Among the fifty rats found there nine were infected, which brought the number of plague rats up to 110. The total number of rats killed up to September 22 was 90,573. Grace Episcopal Church, on Rampart Street, was fumigated because of its contiguity to the new rat plague focus. On the 11th of September the last of the cases of human plague was discharged from the hospital entirely well. An occasional case may yet be discovered as infected rats are turning up in new places. Two hundred thousand poisoned baits are laid out each week by the "Borgia" squad. A citizen named "Sol. Weil" was fined on 112 charges, a total of \$1,060, for violations of health ordinances. In addition to the fight on the plague the health authorities are guarding the schools against diphtheria, eleven cases of which have been found in one school district. The neighborhood of the Danneel School is the only one thus far infected.

Tulane University School of Hygiene and Tropical Medicine has elected Dr. W. H. Seeman dean.

Dr. Hiram W. Kostmayer, of New Orleans, was married to Mrs. Carroll Reichel of Racine, Wis., in August.

Two New Orleans physicians, Drs. Otto Joachim and Lewis H. Marks, are in Germany with the German army at the German hospital at Landau. They are rendering valuable service.

At Covington three members of the Board of Health resigned on account of the general opposition to the work which the board considered necessary.

MARYLAND.

Dr. S. F. Acree, formerly associate professor of chemistry at Johns Hopkins University, has assumed charge of the division of chemistry of the United States Forest Products Laboratory in the University of Wisconsin. He carried with him twelve of his former students in chemistry.

Dr. Howard A. Kelly returned from his summer outing at Indian Point, Lake Ahmic, Ontario, early in September.

Dr. Louis A. Sexton, formerly resident physician at Willard-Parker Hospital of New York City, has been appointed third assistant superintendent of the Johns Hopkins Hospital, Baltimore.

While crossing Exeter Street in Baltimore the automobile of Dr. S. Demarco struck a little girl aged five years, injuring her severely. The doctor carried her to her home in his car.

Dr. J. H. Branhan, of Baltimore, has retired from the office of second vice-president of the American Association of Obstetricians and Gynecologists.

Dr. Michael E. Gardner, formerly of Cumberland, has been convicted at Rochester, N. Y., of criminal operations and fined \$500 and sentenced to six months in the penitentiary.

At Cumberland Miss Cary Gabler has been appointed office assistant to Health Officer Max J. Colton, in place of Ralph Baird, resigned.

At Cumberland August 30 Dr. Ed. L. Smith was knocked from his car and rendered unconscious by a negro whom he had befriended on the preceding day.

At Cumberland the health officials are warning the public against the drinking of water from the river or from pumps unless it is first boiled. It states that the water furnished by the city is perfectly safe. The free distribution of anti-typhoid vaccine has been indefinitely extended.

Dr. Charles W. Hartwig, of Baltimore, was arrested by the Austrians in the Tyrol as a spy. Upon proving his American citizenship he was released.

Dr. Thomas B. Owings, of Ellicott City, died at his home August 28, aged 84 years.

At Hagerstown Dr. D. A. Watkin, city and county health officer, announces that the water from the Antietam as it comes from the spigots in the city is perfectly safe for use, though the process of purification it undergoes imparts a slightly unpleasant flavor.

The newly appointed Board of Health at Brunswick organized by electing Dr. Levin West health officer and J. H. Bowers secretary.

Dr. John A. C. Colston, of Baltimore, has been appointed a Red Cross surgeon and left with the Red Cross squad in September for European battlefields.

MISSISSIPPI.

At Meridian President W. R. Pistole, of the Lauderdale County Tuberculosis Association, resigned his position on account of pressing private business.

In Lamar County the public schools are being visited by Dr. Reese, and by Dr. R. M. Whitfield, who is working under the Mississippi State Board of Health, with a view of treating the pupils for hookworm. Adults also receive the treatment upon application.

Dr. E. H. Galloway, of the State Board of Health, in a monthly report gives the number of typhoid fever cases in the state for one month as 873, and of malaria as 13,122. Of tuberculosis there were 834 cases and of pellagra 2,185.

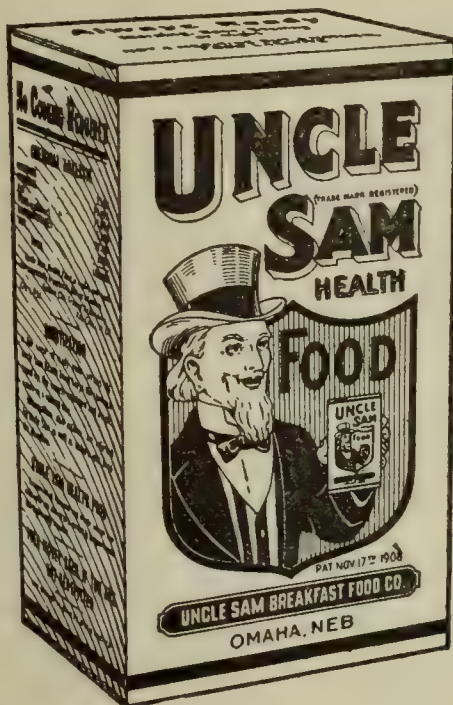
Dr. M. L. Hoyer, county and city health officer at Meridian, visited Heidelberg, Miss., at the request of its officials and of the State Board, to make an inspection and see if the state sanitary laws were being observed.

(Continued on page xxxvi.)

NUTRITIVE—LAXATIVE—PALATABLE

These Three Qualities Characterize

Uncle Sam Breakfast Food



NUTRITIVE Combines whole grain, durum wheat; selected, crushed, toasted flax seed; and ground celery seed. Rich in proteins, fats, carbohydrates and mineral salts (see analysis).

LAXATIVE The fibre of the whole wheat and the entire flax seed constitute a residue that by its bulk stimulates peristalsis. In addition, the oil in the flax seed is liberated in the intestine and adds its laxative quality.

PALATABLE The process to which the wheat grains and flax seed are subjected gives a rich nutty flavor and makes *Uncle Sam Breakfast Food* a delightfully appetizing food. No cooking required. Serve with sugar, cream, or fruit juices as desired.

Chemical Analysis

Moisture	-	-	3.59%
Proteins	-	-	19.19%
Fats	-	-	17.89%
Fibre (cellulose)	-	-	5.17%
Carbohydrates	-	-	50.78%
Ash	-	-	3.38%
TOTAL			100.00%

It has a high food value. The chemical analysis shows that proteins, fats and carbohydrates are provided in abundance.

Uncle Sam Breakfast Food is a wholesome Health Food for all members of the family.

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Full sized package, prepaid, mailed to physicians free upon request

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OMAHA, NEBRASKA

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 Street
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 To UNCLE SAM BREAKFAST FOOD CO.
 Please send to above address package of your Food as advertised in my State Medical Journal

(Continued from page xxxiv.)

At Purvis the officials treating hookworm report that 58 per cent of those examined are found infected.

Dr. D. P. Street, of Vicksburg, reached home from his European trip in September after various interesting experiences.

At Natchez suit was filed in the Circuit Court by William A. Boyd against Dr. Dumas for \$3,000, claiming improper treatment and neglect of a broken arm.

At Osyka September 3 Dr. C. H. Bates died at his home, aged 67 years.

At the State Charity Hospital in Jackson, under the management of Dr. S. H. McLean, during twenty-seven months there were 1,920 surgical operations with only 114 deaths, an operative mortality of 5.94 per cent. Dr. McLean has resigned his position in the hospital and resumed private practice.

At Greenwood on Friday September 18 Dr. W. S. Sanders died at the Kings Daughters Hospital and was interred at the Odd Fellows Cemetery. He is survived by his widow and four children.

Dr. H. M. Folkes, of Biloxi, has been elected President of the Gulf Coast Life Insurance Co. He will also remain medical director of the company.

NORTH CAROLINA.

At Charlotte in September Dr. J. A. Austin, chairman of the health committee, reported that his committee had closed the city abattoir because the place was lacking in sanitation.

Dr. P. E. Garrison, surgeon in the United States Army, with Dr. M. Jones, county superintendent of health, have visited High Point to obtain data concerning pellagra.

Dr. Charles E. Meserve, President of Shaw University, has arranged to supply without charge the anti-typhoid vaccine to all his students who wish to secure that protection.

The national convention of colored doctors in their recent meeting at Raleigh adopted a resolution condemning the prescribing of alcoholic stimulants and recommending that they be eliminated from the pharmacopoeia.

In Nash County the Board of Health has ordered that all school children with their officers and teachers shall show satisfactory evidence of successful vaccination against smallpox before they will be admitted to the class rooms after December 1, the prescribed date. During the month of September over 3,000 people in that county had submitted to vaccination against typhoid fever.

The remains of Dr. Hermann Mohr, who died at Birmingham, Ala., September 12, were interred at Asheville September 20 in Riverside Cemetery.

Dr. Grover S. Cox, of Tabor, county physician for Columbus, reports that in August he vaccinated over 500 persons against typhoid fever and that many more than that number were waiting to be served. He visited the school building at Tabor and found conditions such that he ordered the buildings thoroughly disinfected.

In their investigations the officers of the U. S. Public Health Service found that in twenty-one of the rural schools more than 10 per cent of the pupils were suffering from trachoma and in some other schools the conditions were worse. In a

number of instances no privy accommodations were provided and soil pollution in the vicinity of the school house was very evident.

At Raleigh on September 28 the State Board of Health completed the removal of its records and apparatus from the old quarters over the Mechanics Bank to the fourth floor of the new Supreme Court Building.

Fire destroyed the Winyah Sanatorium, Asheville, several weeks ago. All the patients escaped uninjured.

OKLAHOMA.

At Mountain Park, Dr. C. R. Preston lost his office and apparatus and furniture by fire in September.

At Guthrie burglars entered the office of Dr. L. A. Hahn and stole instruments and drugs to the amount of \$350.

At Afton, August 27 Dr. R. H. Harper was operated on successfully for appendicitis. His recovery was rapid and complete.

At Oklahoma City Drs. C. E. Lee, J. W. Riley and A. W. White have returned to their practice after having spent several weeks in study at Eastern clinics.

At Lawton Dr. E. B. Mitchell has closed his office with the intention of moving to Florida.

Dr. and Mrs. J. C. Ambrister, of Chickasaw, enjoyed a six weeks' motor trip recently through Colorado, Texas and New Mexico.

Dr. G. F. Border, Mayor of Mangum, had an unusual experience. Two women endeavored to get her to perform a criminal operation. She was enticed to a hotel room where a dictagraph had been installed, but she turned the tables and trapped the trappers. Two persons have been arrested and the doctor has filed suit for \$100,000 against the Burns Detective Agency of Chicago.

At Cleveland Dr. G. W. Sutton has purchased the Bartlesville Hospital and is giving it a complete remodeling, increasing its capacity to twenty-five beds.

Professor Edwin DeBarr, head of the department of chemistry at the State University at Norman, has returned home after a year's study in Germany.

Dr. S. A. Moore, of Perry, is reported to be seriously injured in a recent carriage accident.

Dr. J. P. Lorenz, formerly of Fairfax, has opened an office at Lambert.

Dr. J. J. Barber, formerly of Billings, has moved to Laverne.

Dr. B. A. Moore, formerly of Dewey, has moved to Ponca City.

The marriage of Dr. C. T. Brunson, of Adamson, to Mrs. Emily J. Reese, of McAlester, was recently announced.

Dr. S. O. Davis, of Chandler, died in September.

SOUTH CAROLINA.

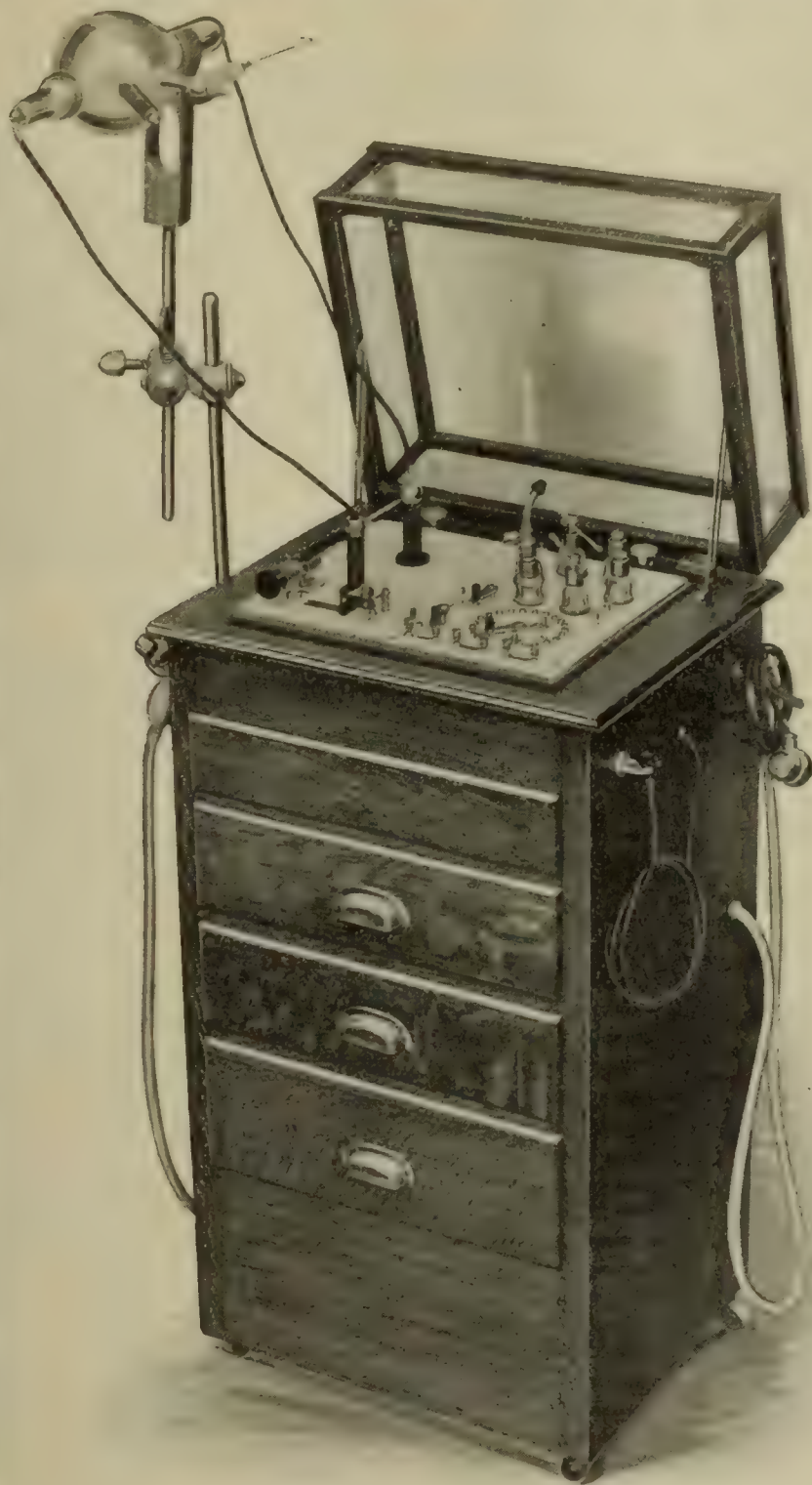
At Charleston September 3 Health Officer J. M. Green ordered the dairy of F. C. W. Suhrstedt closed, at 252 Ashley Avenue, as it failed to comply with the requirements imposed.

The State Board of Health at Columbia during the month of September received a large number of requests for diphtheria antitoxin, amounting to \$200 per day. Dr. Hayne, State Health Officer, re-

(Continued on page xxxviii.)

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2. **A Nebulizing Outfit.**
With bottles and tips for Nebulizing, Spraying and Powder blowing.
3. **An Electric Heater for Fluids.**
4. **An Electric heater for air.**
Dry hot air can be delivered up to any temperature the patient can endure. Volume adjustable. Applicators for using locally over any area are included.
5. **A Powerful Vibrator.**
A Vibrator that can be controlled by the thumb while treating and which gives patient any kind of treatment from gentle thrill to regular mule kick and the OPERATOR GETS NO VIBRATION.
6. **Full set of vibratodes for surface and cavity work.**
7. **Heat and vibration applied simultaneously.**
8. **Bier's Hyperemia by vacuum.**
9. **Full set of vacuum cups and any device ever gotten up by Dr. Bier can be used on this apparatus.**
10. **A lung developer and vibrator.**
11. **Vibration, vacuum and Sinusoidal current applied simultaneously.**
12. **Vibration and vacuum applied simultaneously.**
13. **High Frequency currents.**
The most powerful and valuable current in Electro Therapy. Frequency regulation and strength of current are both under perfect control.
14. **Complete Set of Vacuum Electrodes.**
Surface, Rectal, Vaginal, Urethral, Nose and Throat. With universal insulated handle.
15. **Special Fulguration Electrode.**
For Warts, Moles, etc.
16. **D'Arsonval Current.**
For Auto Condensation.
17. **Cautery Transformer.**
Under perfect and positive regulation. With 3 Platinum knives, a pair of extra flexible cords, and a handle adjustable to five positions.
18. **Diagnostic Light Controller.**
With Illuminator, long cords and lamps. Has wide range and will control perfectly any lamp made for diagnostic purposes.
19. **Sinusoidal Current.**
With cords and handles.
20. **X-Ray Current.**
With "6" heavy Anode tube, tube holder and Fluoroscope of lasting qualities.

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(Continued from page xxxvi.)

ported that there was not a county in the state where there was not some infection. The opening of the schools accounted for the unusually large demand for antitoxin.

On September 14 the Columbia Medical Society held a large and enthusiastic meeting in the auditorium of the Y. M. C. A. Several important subjects were discussed.

At Greenville at a meeting of the Chamber of Commerce Dr. Howell of the Rockefeller Foundation, and Dr. J. LaBruce Ward, county sanitary inspector, spoke of the importance of safeguarding the school children against infection. They told of conditions in the county schools that should not be tolerated. The Woman's Club agreed to take charge of one school and show what could be done along sanitary lines.

TENNESSEE.

At Bolivar Dr. Walter Stewart has been elected superintendent of the Western Hospital for the Insane to succeed Dr. J. J. Neely, resigned.

At Knoxville Dr. Cary Snoddy and Dr. R. H. Newman have gone to Europe as Red Cross surgeons. Such positions are much desired. Dr. W. T. De Sautelle has been elected medical examiner by the city civil service board to take the place of Dr. R. H. Newman, resigned.

Dr. O. T. Warr and Dr. H. T. Brooks, who were in Vienna when the war broke out, have reached their homes in Memphis after very trying experiences.

At Nashville, after a sanitary survey of the tenth civil district, Dr. B. C. Tucker announces that forty-two cases of pellagra were found in 258 families, and there were eight other suspicious cases of pellagra. He estimates that 4 per cent of the population in that district are infected.

Dr. William Lofland Dudley, formerly dean of the medical department of Vanderbilt University, died suddenly on a train near Chicago on the 8th of September. He was returning from a sanitarium and supposed to be improving but experienced a stroke of paralysis on the train and died almost immediately.

Mr. R. A. Hunt, administrator of the estate of Dr. R. B. Nelson, who was killed in April at the Horn Lake crossing of the Y. & M. V. and I. C. Railroads, has sued those companies for \$50,000 damages for the benefit of the doctor's family and estate.

At Knoxville the county board of health has decreed that no pellagrin shall be admitted to the rural schools. Dr. Charles J. McGee has moved to this city from Leavenworth, Kan., and opened an office.

At Nashville the Tennessee fair has arranged a fine health exhibit. Wednesday is "Public Health" day. Dr. Lillian South, state bacteriologist of Kentucky, delivered one lecture at the fair.

In Shelby County three cases of cerebro-spinal meningitis were reported to the board of health during August, but none of them proved fatal.

Drs. Pettey and Wallace, of the Pettey and Wallace Sanitarium, have secured the Hampson property, near Memphis, which has a frontage of 800 feet and a depth of 1,000 feet, upon which to erect a new and enlarged sanitarium, wherein to treat those addicted to narcotic drugs or alcohol or who

are suffering from mental or nervous diseases. The tract comprises eighteen acres of beautiful park.

The City View Sanitarium, at Nashville, under the management of Dr. John W. Stevens, has made extensive improvements in the way of a new department for male patients. The old building is used for administrative purposes and employes' quarters. Improvements have also been made in the woman's department.

The East Tennessee Medical Association met at Greenville October 8 and 9, the day session being held in the Gem Theatre and the night session in the parlors of the Hotel Brumley. Registration, 95. Next meetings: Athens, May 21-22, and Morristown, October, 1915. Officers elected: John W. Cox, Johnson City, President; T. H. Woolsey, Greenville, and Gus Shipley, Athens, Vice-Presidents; H. P. Larimore, Chattanooga, Secretary-Treasurer (re-elected).

TEXAS.

At Yoakum, September 3 Dr. F. D. Blackwell was shot in the stomach with a 38 caliber automatic pistol. He was taken to Cuero and the wound was found not to be fatal.

It is reported that there is considerable typhoid fever at Oak Cliff, a suburb of Dallas.

At Galveston Charles Bertolino has won a bonus offered by the city health officer for catching one thousand rats in thirty days. He has caught 629 additional rodents in the next twenty-six days. He was paid \$47.75 bounties.

At San Antonio August 30 Dr. C. B. Anderson, aged 79, died at 103 Anderson Avenue.

At Gonzalas late in August the residence of J. E. Comby was destroyed by fire. The house and furniture were insured.

At Greenville Drs. C. E. and Will Cantrell have moved into their new hospital building on West Henry Street. The building is three stories in height, the plans being drawn by George Lindsey. The hospital is modern in every respect.

At Madisonville two houses belonging to Dr. C. B. Barnes were destroyed by fire. Loss \$8,000, with no insurance.

At El Paso a man who was docketed as P. Christ was arrested by the police for unlawfully taking the automobile of Dr. L. G. Witherspoon from in front of the Toltec Club where the machine had been left standing.

At Galveston the city health officer has notified the produce houses that it is against the law to auction off damaged goods, even though the purchasers are informed that the stuff is not first class.

The Sixth District Medical Society met at Corpus Christi in September. Over seventy-five physicians were present.

The Ft. Worth Medical College postponed its opening until September 22 for repairs after the fire.

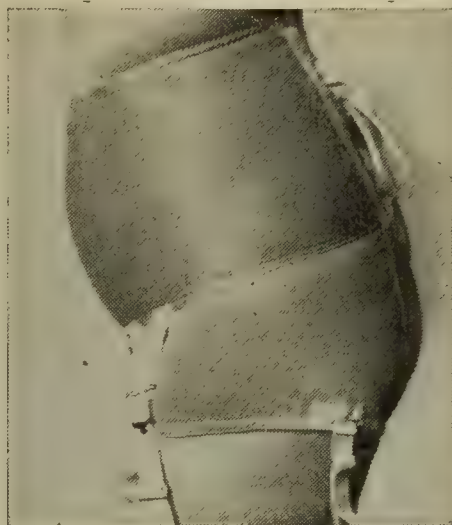
Dr. C. P. Schenck, of Temple, has been appointed demonstrator of surgery in the dental department of the Iowa State University at Iowa City.

At Glen Rose September 16 Dr. G. R. Milling

(Continued on page xl.)

The B-P Abdominal Supporter

Made to measure—not a stock affair.



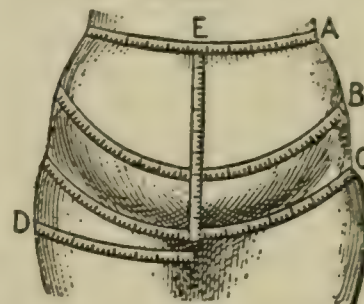
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ALL SEROLOGICAL TESTS NOW REDUCED TO \$5.00.

Wassermann Test controlled by Noguchi or Hecht-Weinberg Methods.

Complement Fixation Test for Gonorrhea.

Abderhalden's Sero-Diagnosis of Pregnancy, Cancer or Dementia praecox.

Lange's colloidal Gold Test for differential diagnosis of Spinal Fluid.

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(Continued from page xxxviii.)

was shot to death by a man from Hamilton County.

At Galveston the City Health Officer calls upon all citizens to aid workmen by cleaning out the tin cans, bottles and old clothes from under their houses and from their back yards.

Dr. C. W. Harrison, of Hidalgo, died of injuries sustained by falling down a stairway. His age was 50 years.

At San Angelo September 10 Dr. M. M. Woodward died after a brief illness. He was one of San Angelo's most respected citizens.

The thirty-sixth semi-annual meeting of the South Texas District Medical Association was held in Galveston October 8-9, in the Lecture Hall of St. Mary's Infirmary. President, Dr. E. F. Cooke, of Houston; Secretary-Treasurer, Dr. W. F. Thomson, Beaumont. The county societies of Colorado, DeWitte, Fayette, Lavaca, Matagorda, Victoria, Calhoun and twenty other counties constitute this association. The programme was large and interesting. Drs. Butterworth and Bass were present from New Orleans. The social exercises were very fine.

VIRGINIA.

At Norfolk in September a Norwegian steamer was fined \$5,000 by the customs officials for entering the port without a health certificate. The treasury department reduced the fine to \$125.

At Danville, in September, the office of Dr. H. E. Koons was burglarized and instruments worth \$50 abstracted. The thief evidently was a judge of surgical instruments, for he selected those of the highest value.

During the autumn an epidemic of diphtheria developed in Roanoke resulting in four deaths. By strong efforts the epidemic was controlled and little, if any, of the disease now exists in the city. A parent who removed his child suffering with diphtheria from a quarantined house was heavily fined. Health Officer W. B. Foster was inflexible in his requirements.

At Richmond the Medical College of Virginia matriculated over 500 students at its opening.

The physicians of Dinwiddie County have organized a county medical society with the following officers: President, Dr. W. C. Powell; Vice-President, Dr. E. A. Perkins; Secretary, Dr. L. E. Early; Treasurer, Dr. C. S. Dodd.

The State Board of Health has issued two interesting bulletins, one on preventing malaria, the other on the extermination of rats. It recommends barium carbonate as the best known rat poison.

At Norfolk, according to an order recently issued by the commandant, the crews of six colliers were vaccinated against smallpox. Unless a man can show evidence of successful vaccination he is not eligible for service.

The health commissioner of Norfolk, Powhatan S. Schenck, announces that no child will be admitted to any school who has not been successfully vaccinated.

At Lynchburg the people sometimes complain of an unpleasant taste in the drinking water. The

health officials explain that it is caused by lack of oxygen in the water and that aeration will correct it. Fifteen cases of typhoid fever in the city were caused, according to Dr. Mosby G. Perrow, city health officer, by drinking water from infected wells and not by hydrant water. He further stated that the city was never more free from infectious diseases than it was at the middle of September.

At a meeting of the Lunenburg County Medical Society held in Lunenburg on October 12 the following officers were chosen for the ensuing year: President, Dr. Walter E. Vest, of Meherrin; Vice-President, Dr. Edwin L. Kendig, of Victoria; Secretary, Dr. W. S. Snead, of Hollydale. Delegates to the Medical Society of Virginia; Dr. C. P. Capps, of Meherrin, and Dr. Thomas G. Hardy, of Kenbridge.

The Old Dominion Journal of Medicine and Surgery recently reorganized, Dr. Robert S. Preston being made editor-in-chief; Drs. Murat and C. B. Willis, associate editors; Dr. N. T. Ennett, editor department of therapeutic notes, personal items and books reviews. Dr. Beverly R. Tucker continues in charge of the editorial columns.

WEST VIRGINIA.

In August Dr. Gwyn Page Harrison, a prominent physician of Clothier, was run down by a passenger train and instantly killed.

At Wheeling, in September, Captain Thomas, of the U. S. Public Health Service, in company with City Health Officer Striebich, made a sanitary survey of the city, including the water supply, and the morbidity and mortality rates.

The Wheeling, West Virginia, News publishes a long editorial supporting the Southern Medical Journal in its advocacy of a national Department of Public Health, to be headed by a cabinet officer, and recommending Surgeon General Gorgas as the best man for the position. Much of the milk used in Wheeling is said to show bacteria far in excess of those that are allowed in milk that is considered wholesome. In September the wells of the city were examined bacteriologically and many of them placarded as impure. Dr. J. R. Dickson, chief of the health bureau of Trinidad, just off the coast of Venezuela, visited Martinsburg in September to study the methods of the U. S. Public Health Service in Berkeley County, particularly regarding the campaign against typhoid fever. He also visited New Orleans to get data on fighting against bubonic plague.

Dr. M. R. Stone, city health officer of Parkersburg, announced that at the opening of the public schools in September he could not learn of the existence of a single case of a contagious disease within the city limits.

At Martins Ferry the citizens have been told that it would be well to boil all the water used for drinking purposes. A test of the river water showed 102 bacteria to the cubic centimeter, a contamination that is dangerous. Also several of the wells that were tested showed traces of organic impurity.

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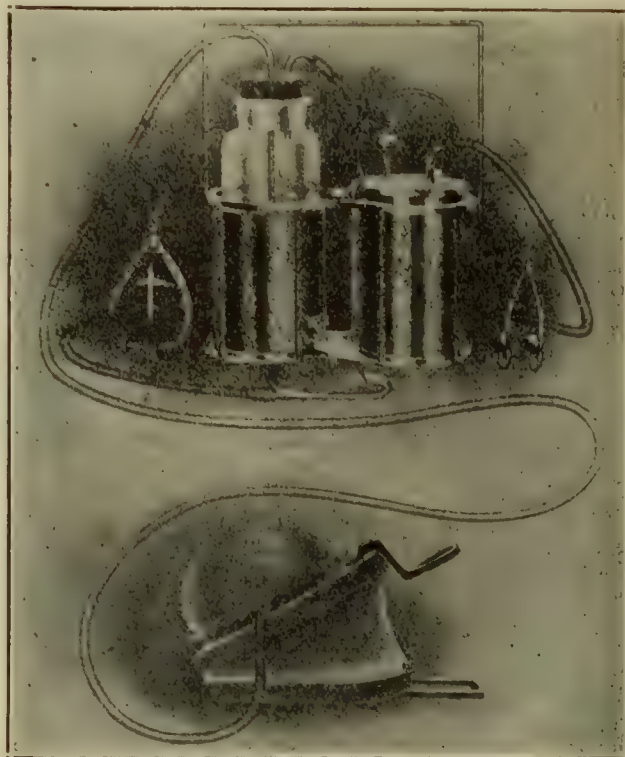
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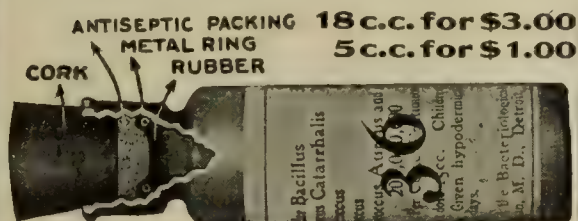
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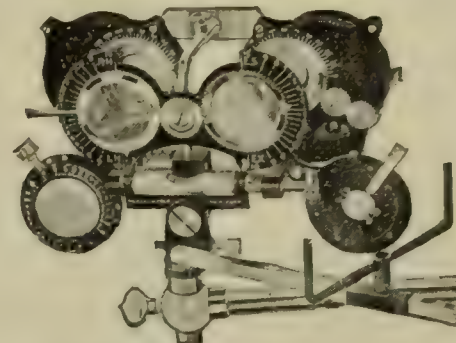
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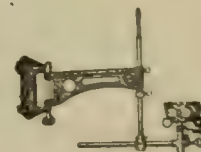
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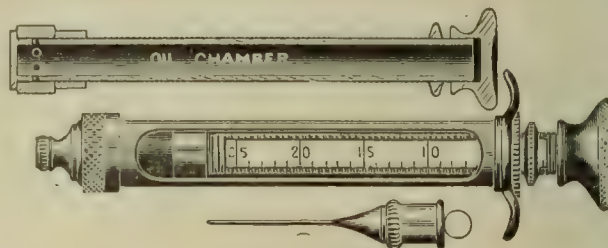
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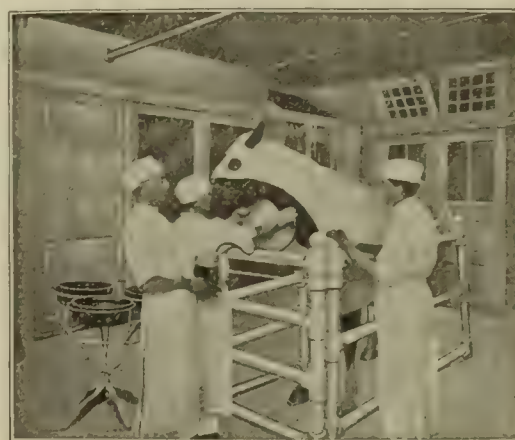
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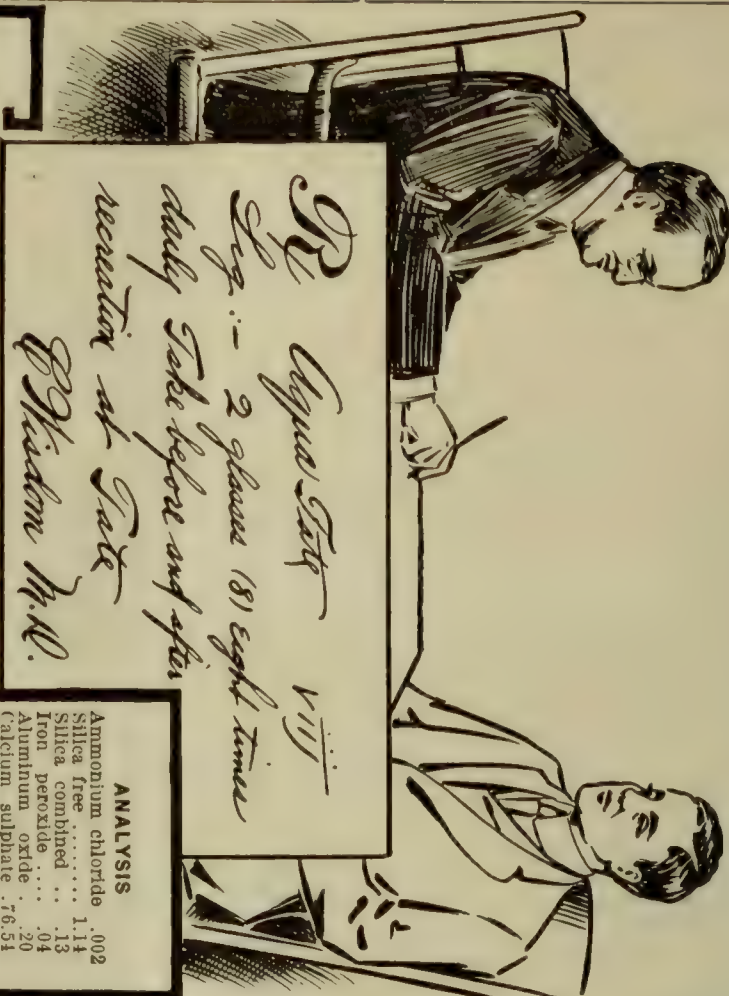
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* Rufus Cole, M.D., New York, 1913, Jour A. M. A., lxi, No. 9, p. 663.

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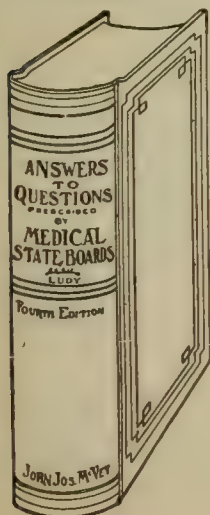
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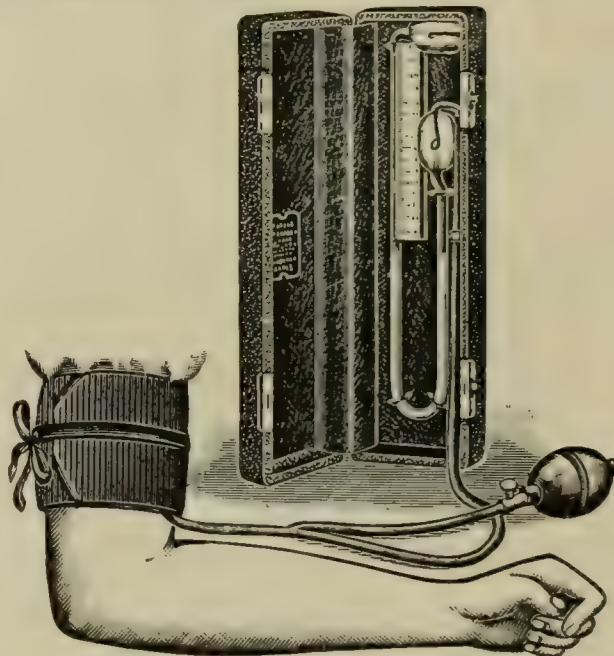
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Doctor—How is the little patient this morning?

Mother—Oh, doctor, he has been so restless! Of course this weather doesn't help, but he is so listless, and has hardly any appetite. It worries me.

Doctor—Naturally; his condition is rachitic, and we have to overcome that patiently.

Mother—I have tried almost every kind of a dainty to tempt him, but—

Doctor—We'll both tempt and help him. We'll give him

Welch's Grape Juice

Mother—I have already tried him with another kind.

Doctor—And he didn't like it? Well, you send for a case of Welch's, and be sure you GET Welch's. I never prescribe any other kind. I know Welch's is pure and unfermented and made from the finest, full-ripe Concord. He needs the fruit acids. Give it to him several times a day in a small, thin glass, and have it very cold.

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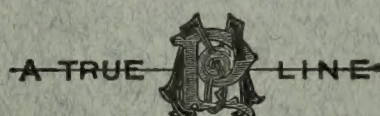
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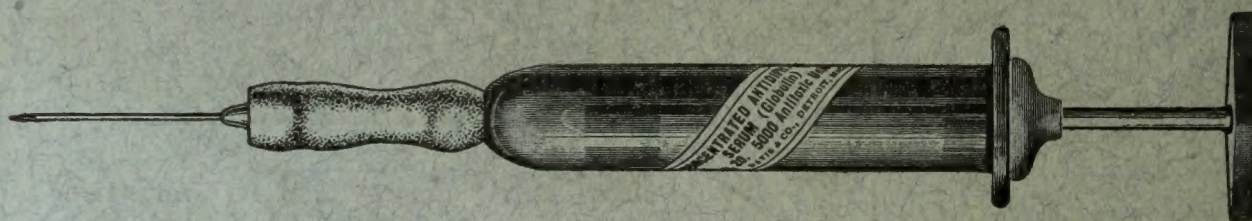
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